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ALCOHOL AND DRUG ABUSE AMENDMENTS OF 1983

MARCH 21, 1983.—Ordered to be printed

Mr. HUMPHREY, from the Committee on Labor and Human Resources, submitted the following

REPORT

[To accompany S. 126]

The Committee on Labor and Human Resources, to which was referred the bill (S. 126) to remedy alcohol and drug abuse, to revise and extend programs relating to alcohol abuse and alcoholism and drug abuse, having considered the same, reports favorably thereon with amendment(s) and recommends that the bill (as amended) do pass.

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I. Summary of Legislation

As approved by the Committee S. 126 extends the authorization for federal activities relating to alcohol and drug programs of research, information dissemination, prevention and technical assistance to the states. The legislation maintains a separate National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse and National Institute on Mental Health (NIMH); authorizes funding for alcohol and drug research in 1983 and 1984; streamlines the reporting requirements of the NIAAA, NIDA, and the White House Office on Drug Abuse Policy; provides for an Associate Administrator for Prevention within ADAMHA; provides for the establishment of procedures for responding to information dealing with scientific misconduct by ADAMHA grantees, and procedures for intramural peer review; provides for uniform data collection on and qualitative evaluation of the Alcohol Drug Abuse and Mental Health Block Grant; repeals the section establishing the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism; sets a federal priority on disseminating current information on alcoholism and drug abuse; includes Native Hawaiians and Native American Pacific Islanders within the definition of Native Americans under the Act; and makes technical revisions of the Act.

II. History of S. 126 Including Hearings

S. 126 was introduced by Senator Humphrey on January 26, 1983 with Senator Hatch as a cosponsor. The bill was referred to the Labor and Human Resources Committee, Subcommittee on Alcoholism and Drug Abuse.

On March 1, 1983 S. 126 was favorably reported from Subcommittee with a technical amendment and on March 18, 1983 S. 126 was favorably reported from the Full Labor and Human Resources Committee without further amendment.

S. 126 represents a compromise consolidation of the House and Senate reauthorization bills for the Institutes considered during the 97th Congress. During the 97th Congress extensive oversight hearings were held on the Activities of the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism.

A public hearing was held on July 27, 1981 by the Subcommittee on Alcoholism and Drug Abuse in Washington, D.C. The July 27th hearing was oversight on the Research Activities of the National Institute of Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism, and the following individuals testified:

Pollin, William M.D., Director, National Institute on Drug Abuse, accompanied by Marvin Snyder, Director, Division of Research and Jack Durell, Acting Director, Division of Prevention and Treatment Development.

Josephson, Eric, Ph. D., Director, Center for Sociocultural Research on Drug Abuse, Columbia University, New York, N.Y.; Morris A. Lipton, Professor of Psychiatry and Biochemistry, University of North Carolina, Chapel Hill, N.C.,; Gabriel Nahas, Professor of Anesthesiology, Columbia University, New York, N.Y.; and Saul B. Sells, Research Professor and Director, Institute of Be-

havioral Research, Texas Christian University, Fort Worth, Tex., a panel.

Archer, Loran, Acting Deputy Director, National Institute on Alcohol Abuse and Alcoholism, accompanied by Gian Salmoiraghi, Associate Director for Research.

Deitrich, Richard A., Professor of Pharmacology, University of Colorado School of Medicine, Denver, Colo., representing the Research Society on Alcoholism; Edith S. Gomberg, Professor and Research Scientist, School of Social Work, University of Michigan, Ann Arbor, Mich.; Sheldon I. Miller, Professor of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, Ohio, and Director, Department of Psychiatry, Cleveland Metropolitan General Hospital; and David J. Pittman, Chairman and Professor of Sociology, and Research Director, Social Science Institute, Washington University, St. Louis, Mo.; a panel.

A public hearing was held on February 24, 1982 by the Subcommittee on Alcoholism and Drug Abuse in Washington, D.C. The February 24th hearing was oversight on Federal activities on the prevention of alcohol and drug abuse, and the following individuals testified:

Dr. Carlton Turner, White House Senior Policy Advisor, Office of Policy Development. Accompanied by: Mr. Thomas Pauken, Director, ACTION; Dr. William Mayer, Administrator, Alcohol, Drug Abuse and Mental Health Administration. Accompanied by Dr. William Pollin, Director, National Institute on Drug Abuse and Mr. Loran Archer, Acting Director, National Institute on Alcohol Abuse and Alcoholism, a panel.

Dr. Severinghaus, Project Cork, Executive Committee, Dartmouth College; Mr. Jerry McCord, South Carolina Commission on Alcohol and Drug Abuse; Mrs. Gail Judd, President, Utah State PTA; Mr. Gordon L. Steinhauer, National Council on Alcoholism, a panel.

Mr. Otto Moulton, Treasuer, National Federation of Parents For Drug-Free Youth; Mr. Barry Rhodes, Deputy Director, N.H. Office of Alcohol and Drug Abuse Prevention; Mr. Robert Kramer, Coordinator, Drug and Alcohol Program Anne Arundel County; Mrs. Beverly Kinard, President, Colorado Federation for Parents, Inc., a panel.

In addition to these hearings the Subcommittee held hearings on: the Alcohol and Drug Abuse Education Act; the Health and Education Effects of Marijuana on Youth; Alcohol and Drug Abuse and Productivity; Drunk and Drugged Driving; and the Effects of Alcohol Consumption During Pregnancy.

III. Background

Federal response to alcoholism and alcohol abuse

Prior to 1967, with a few notable exceptions, alcoholism and alcohol abuse had been generally ignored by all levels of government. The major source of assistance for those with alcohol abuse problems was the private voluntary sector, and a small number of private treatment clinics. By 1967, alcoholism had been recognized as a disease by the World Health Association, the American Medical

Association, the American Hospital Association, and the American Psychiatric Association. In addition, several federal court cases had held that alcoholism is an illness or disease. During the late 1960's the alarmingly high incidence of the disease of alcoholism had also begun to be recognized by health officials.

The initial response of the Congress was passage of the District of Columbia Alcoholic Rehabilitation Act of 1967 (Public Law 90–452), which directed the establishment of a system for treating the illness of the alcoholic rather than condemning him to the "revolving door" of arrest, incarceration, release and re-arrest. This approach was then applied nationally through the Alcoholic Rehabilitation Act of 1968 (Public Law 90–574), and the Community Mental Health Centers Amendments of 1970 (Public Law 91–211).

Following hearings in 1970, the Senate Committee on Labor and Public Welfare favorably reported S. 3835, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (Public Law 91–616), creating the National Institute on Alcohol Abuse and Alcoholism, and authorizing a three-year program of formula grants to the states, and contracts and project grants, all aimed at the prevention and treatment of alcohol abuse and alcoholism. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 (Public Law 93–282) removed the National Institute on Alcohol Abuse and Alcoholism from the National Institute of Mental Health, and directed the Secretary of the Department of Health, Education, and Welfare, through the Institute, to coordinate the efforts of other federal agencies and federally supported programs. The Act also required a report on alcohol and health every three years, extended the state Formula Grant Program for three years, and authorized the Department of Health, Education, and Welfare, on the request of a state, to assign departmental employees or equipment to a state to assist in the administration of the state's plan.

Public Law 93–282 also required the state Alcoholism Advisory Councils to include representation for minority and poverty groups. A new section authorized special grants to encourage states to adopt the Uniform Alcoholism and Intoxication Treatment Act recommended by the National Conference on Uniform State Laws (or substantially similar legislation). Those states which qualifed would receive a grant of $100,000 plus 10 percent of their formula allotments. These grants were funded for the first time in fiscal year 1976. The act also extended the authorization for project grants and contracts, and prohibited any public or private hospital receiving funds from federal agency sources from discriminating in its admission or treatment policies on account of an individual's alcohol abuse or alcoholism.

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976 (Public Law 94–371) revised the formula under which grants to the states were distributed to assure that allotments be determined on the basis of the relative population, financial need, and the need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism, and extended the formula grant authorization for three years at reduced levels. The act required that state

plans submitted to qualify for the Formula Grant Program included various assurances. The aim of the requirement was to assure better planning and coordination with other state programs; encourage the development of nonmedical modes of treatment and recognition of previous experience of treatment personnel; assure that the prevention and treatment needs of women and individuals under the age of 18 be met; require the states to monitor compliance of hospitals and out-patient facilities with non-discrimination against alcoholics and alcohol abusers in admission or treatment policies; require that each state submit a report every three years containing an assessment of the progress of the state in implementing its plan; and allow for a common filing date with the state plan required under the Drug Abuse Office and Treatment Act of 1972.

The act extended for three years the authorization for incentive grants to states which adopted the Uniform Act, combining the authorization with the authorization for project grants and contracts, and increasing the amount each state could receive for this purpose to $150,000 plus 20 percent of its formula grant. The number of years during which each qualifying state could receive such incentive grants was extended from three to six years. The act also extended for three years the authorization for project grants and contracts, and required that in awarding such grants, special emphasis be placed on projects for the coordination of treatment, prevention, training and resources; treatment and prevention in underserved populations; and education and training to enable personnel to meet certification requirements; required bilingual project or program personnel under certain circumstances; and required special consideration of projects designed to serve women and persons under the age of 18.

This act also added a new title specifically authorizing an expended research program by the National Institute on Alcohol Abuse and Alcoholism, including authority for intramural research, and a new authorization for the creation of national alcohol research centers.

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1979, (Public Law 96–180), finally enacted on January 2, 1980, extended federal alcoholism and alcohol abuse programs through fiscal year 1981, including incentive grants to states that adopt the Uniform Alcoholism and Intoxification Treatment Act. It required the National Institute on Alcohol Abuse and Alcoholism to make programs for underserved populations such as women and adolescents a high priority, extended eligibility in alcohol abuse programs for federal civilian employees to the families of such employees, required state alcoholism advisory councils to include as members women and elderly persons, and required state alcoholism plans to estimate the needs of these groups, and required states receiving formula grants to coordinate their alcoholism and drug abuse activities and to encourage the development of alcoholism programs in state and local government, private business and industry.

Public Law 96–180 also authorized a National Commission on Alcoholism and other alcohol-related problems, with a two-year, $1 million authorization. This commission was to be composed of four Senators, four Congressmen, and nine public members appointed

by the President. The commission was to conduct a study of alcoholism and alcohol-related problems, including an evaluation of the effectiveness of existing prevention programs and a survey of unmet research needs. Although commission members have been appointed and the commission has conducted a single organizational meeting, further activity has been deferred due to a difficulty in securing the necessary appropriations.

Concern over fetal abnormalities in infants born to certain mothers who consume alcoholic beverages, as well as other health hazards, and interest in health warning labels on alcohol beverage containers, prompted the requirement of a report to be conducted jointly by the Bureau of Alcohol, Tobacco and Firearms and the Department of Health, Education and Welfare. This report was to consider the extent and nature of birth defects associated with alcohol consumption by pregnant women, other health hazards associated with alcoholic beverages, and actions which should be taken by federal agencies with respect to informing the general public of such hazards. The November, 1980 report concluded that it would be "premature to recommend health warning labels for alcoholic beverages at this time." If substantial improvement in alcohol abuse was not achieved as a result of the involvement of the industry in warning the public voluntarily, and in combination with expected increases in public awareness campaign efforts, the report recommended that Congress reconsider the warning lable issue. Reacting to the report, the Carter White House disclaimed the conclusion against warning labels, at this time, as not being the policy of the Administration.

Since its creation in 1971, the National Institute on Alcohol Abuse and Alcoholism has developed a variety of prevention, treatment, and rehabilitation programs to deal with the problems of alcoholism and alcohol abuse. The Institute has also sponsored intramural and extramural research efforts aimed at a better understanding of the causes of alcohol abuse and the health consequences of such abuse, and at identifying more effective prevention, treatment, and rehabilitation programs. The Institute has also been involved in the training of personnel to deal with the problems of alcohol abuse.

FEDERAL RESPONSE TO DRUG ABUSE

On March 21, 1972, the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255) was signed into law. The purpose of the 1972 act was to "focus the comprehensive resources of the federal government and bring them to bear on drug abuse with the immediate objective of significantly reducing the incidence of drug abuse in the United States within the shortest possible period of time, and to develop a comprehensive, coordinated long-term federal strategy to combat drug abuse."

In 1972, illicit drug abuse was widely perceived to have reached epidemic proportions, afflicting between 200,000 and 300,000 individuals. The linkages between drug abuse and other societal problems and costs were also widely recognized. These included increased crime rates, rates of death, increased health costs, lost productivity, and other associated costs.

In response to the drug abuse problem, the 1972 act established the Special Action Office for Drug Abuse Prevention (SAODAP) within the executive office of the President. It required the Director of SAODAP to provide overall planning and policy, and to establish objectives and priorities for all Federal drug abuse prevention functions. Secondly, the act provided for the establishment of the National Advisory Council for drug abuse prevention to advise the SAODAP Director. Thirdly, it required the President to establish a strategy council to prepare a comprehensive Federal drug abuse strategy.

Finally, Public Law 92-255 provided authority for an expended drug abuse prevention and treatment program, establishing the National Institute on Drug Abuse within the National Institute on Mental Health. This included formula grants to the state as well as special project grants and contracts for drug abuse treatment and prevention programs. In 1974, Public Law 93-282 removed NIDA from the National Institute on Mental Health, and located the agency in the newly created Alcohol, Drug Abuse, and Mental Health Administration.

On March 19, 1976, the Congress enacted amendments to the Drug Abuse Office and Treatment Act of 1972 (Public Law 94-237). The intent of this new legislation was to continue the focus of governmental resources on the problem of drug abuse, while recognizing that drug abuse problems could not be solved as rapidly as envisioned by the 1972 act.

The 1976 amendments made several changes in the drug abuse program. They established the Office of Drug Abuse Policy (ODAP) within the executive office of the President. SAODAP's drug abuse programmatic responsibilities were transferred to the National Institute on Drug Abuse. In addition, the authority and role of the Secretary of HEW and the Director of NIDA respecting drug abuse functions were clarified, and the authorizations of appropriations for state formula grants and project grants and contracts were extended for three fiscal years, through fiscal year 1978. The Office of Drug Abuse Policy took over the coordinating functions of SAODAP, which had been phased out.

The 1976 amendments made clear that this committee and the Congress as a whole were dissatisfied with inconsistent and sometimes conflicting Federal drug abuse policies, with no clear overall direction. The involvement of numerous agencies in enforcement issues, prevention, education, treatment and rehabilitation created special problems. The Congress was particularly concerned with establishing a central mechanism for accountability to assure an integrated strategy.

In Title II of the Drug Abuse Office and Treatment Act, as amended in 1976, ODAP's functions were spelled out in great detail. Its role was to ensure a coherent Presidential Drug Abuse Policy throughout the executive branch. It was to be headed by the Director and Deputy Director, both of whom were subject to Senate confirmation. Both were by statute required to testify before Congressional committees when so requested. Previously, White House aides had refused to testify when requested, citing executive privilege.

President Ford signed the legislation authorizing ODAP on March 19, 1976, but the Office was not initiated until President Carter issued a memorandum on March 14, 1977.

On July 15, 1977, the President sent to Congress reorganization plan No. 1. Among other things, this plan proposed to abolish ODAP. This proposal was questioned by various members of Congress, including members of the Senate Subcommittee on Alcoholism and Drug Abuse and of the Governmental Affairs Committee. Subsequent meetings occurred among members of Congress, the reorganization staff of the Office of Management and Budget, and Mr. James McIntyre, then Deputy Director and subsequently Director of the Office of Management and Budget to discuss these issues.

In a letter of September 25, 1977, Mr. McIntyre assured concerned members of Congress that the overall functions of ODAP would continue to be carried out within the Executive Office of the President. They would be handled primarily by the Domestic Policy Staff, with several members of that staff assigned exclusively to drug abuse issues.

With respect to ODAP, the President's reorganization plan took effect on March 26, 1978. A core staff of ODAP was transferred directly to the Domestic Policy Staff under the direction of the Associate Director of Drug Policy, Dr. Lee Dogoloff, who had previously served as Deputy Director of ODAP.

The Drug Abuse Prevention and Treatment Amendments of 1978 (Pulbic Law 95-461) provided a one year extension of the appropriations authorized under the 1972 act. The 1978 amendments also required the Secretary of HEW to transmit to the President and the Congress an annual report on the health consequences and extent of drug abuse in the United States, a description and evaluation of the effectiveness of drug abuse functions carried out by the Department of HEW, a description of the manner in which such functions were carried out, a description and evaluation of the effectiveness of experimental methods and programs, and proposals for changes in the drug abuse functions carried out through the Department, including legislative changes. This provision was intended to increase the evaluation capabilities of the Executive Branch and the Congress, provide information for those working in the drug abuse field, and serve as an additional mechanism by which the effectiveness of the President's drug abuse reorganization measures could be gauged. In addition, the act required a report from the Secretary of HEW on the extent and nature of drug abuse in rural areas, the special needs and circumstances which must be addressed in performing drug abuse prevention functions in such rural areas with specific recommendations. This report was required in order to assure that federal drug abuse functions do not neglect rural areas.

Subsequent to enactment of the 1978 amendments, the Domestic Policy Staff continued to exercise primary responsibility for the coordination of drug abuse policy. However, personnel changes within the Executive Branch caused concern among members of Congress because the continued coordination of drug abuse policy, required by the 1972 act and its subsequent amendments, was dependent upon the continued interest and commitments of the President and other individuals within the Executive Branch,

rather than being clearly structured by statute as had been the case prior to implementation of the reorganization plan. However, the administration eventually developed a draft executive order setting forth the responsibilities of the Associate Director for Drug Policy, and of the Drug Policy Office of the Domestic Policy Staff with respect to formulating and coordinating federal drug policy.

Enacted on January 2, 1980, the Drug Abuse Prevention, Treatment and Rehabilitation Amendments of 1979 (Public Law 1981) eliminated reference to the Office of Drug Abuse Prevention in the title of the 1972 act by renaming it the "Drug Abuse Prevention, Treatment and Rehabilitation Act of 1972". The act also formalized the drug abuse coordination functions being carried out by the White House Domestic Policy Staff, the successor to the Office of Drug Abuse Policy.

The act extended the authorizations for federal drug abuse programs through fiscal year 1981. It required preferential treatment of applications for project grants and contracts aimed at the drug problems of women, the elderly and youth under the age of 18. The act also directed the National Institute on Drug Abuse to develop model prevention and treatment programs for use in the workplace, and to distribute information regarding such model programs to state agencies. In addition, the act required that at least 7 percent of project grant and contract funds be used for prevention activities in fiscal year 1980, and at least 10 percent in fiscal year 1981.

The Drug Abuse Prevention, Treatment, and Rehabilitation Amendments of 1979 authorized the National Institute on Drug Abuse to provide technical assistance to states on data collection program management, accountability and evaluation, on the certification and accreditation of treatment facilities and personnel, and on other related matters. The act also required a report to the Congress within sixty days of all National Institute on Drug Abuse sponsored research projects as of July 1, 1979. It also required state drug abuse advisory councils to include women and elderly members, and to recognize the special needs of these groups in state drug abuse plans.

ACTION DURING THE 97TH CONGRESS

In the Omnibus Budget Reconciliation Act of 1981 the Congress redefined the focus of Federal and State efforts in the alcohol abuse, alcoholism and drug abuse field. Public Law 97-35 provided for the creation of an Alcohol, Drug Abuse and Mental Health Block Grant for the distribution of alcohol and drug abuse health service dollars which had been previously channeled via State formula grants, and project grants and contracts. This approach was predicated on the belief that States should be accorded maximum authority and flexibility to plan, develop and implement alcohol and drug abuse prevention, treatment and rehabilitation programs appropriate to serve their respective populations. The block grant provided that of the money the state received for alcohol and drug abuse services at least 35 percent be used for drug abuse services and at least 35 percent for alcoholism and alcohol abuse services. In addition, the Congress demonstrated its concern for the continu-

ation of prevention programming by earmarking 20 percent of the funds available to states for alcohol and drug abuse services for prevention and early intervention programs and services.

In addition Public Law 97-35 set continuing Federal priorities in this field by extending the authorizations of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse for an additional year to carry on high quality research and prevention programming, as well as information dissemination, clinical training and technical assistance to the states. It also authorized the appropriation of funding for demonstration grants to be awarded by each of the Institutes which showed the greatest promise of leading to new and more effective prevention, treatment and rehabilitation approaches. Unfortunately, fiscal constraints precluded the funding of these demonstrations in fiscal 1982.

Although a two year NIDA and NIAAA reauthorization bill was introduced and passed in the Senate, S. 2365, and a three year reauthorization bill was introduced and passed in the House, H.R. 6458, no final bill achieved passage in both Houses before the 97th Congress adjourned. The research and other activities of the Institutes were continued and funded through the Continuing Resolution (P.L. 97-377).

IV. Need for the Legislation

Available data clearly demonstrates that alcoholism, alcohol abuse and drug abuse are serious national problems. For example, it has been estimated that there are approximately ten million problem drinkers among the nation's adult population, and an additional three million problem drinkers among youth between the ages of 14 and 17. With respect to drug abuse, the latest statistics released from the Institute for Social Research at the University of Michigan indicate that 66 percent of all high school seniors in the country report using some illicit drug during their lifetime, and 43 percent have used an illicit drug other than marijuana. While the data suggests that most of the specific illicit substances are showing either a decline or a leveling in use, the authors of the University of Michigan study emphasized that the level of illicit drug use among young Americans of high school age is probably higher than that in any other industrialized nation in the world. This growing involvement of our young people with alcohol and drug abuse is of particular concern. Before 1960 only 1 or 2 percent of young people had ever experimented with an illicit drug. Recent studies show that about two-thirds of high school graduates have taken an illicit drug at some time. As Mrs. Reagan has so appropriately stated, this Nation faces the danger of losing a whole generation of its youth to drug abuse.

Several relatively recent reports have provided a detailed analysis of the problems associated with alcohol misuse in the United States. A report to the President and the Congress on health hazards associated with alcohol and methods to inform the general public of these hazards was issued jointly in November 1980 by the U.S. Departments of the Treasury and Health and Human Services. That report focused on birth defects and anomalies, and other

health hazards believed to be associated with alcohol misuse. In particular, the report reviewed available information on the Fetal Alcohol Syndrome (FAS), a condition first reported in 1968 by French investigators. The Fetal Alcohol Syndrome has been seen among some children of alcoholic women and is characterized by central nervous system disorders, including mental retardation, growth deficiencies, a specific cluster of facial anomalies, and other skeletal, urogenital and cardiac malformations. This report led to a Surgeon General's advisory on fetal alcohol syndrome which was issued in 1981.

Decreased birth weight, frequently associated with increased risk to the newborn, has been observed among the children of women averaging one ounce of absolute alcohol (two standard drinks) per day during pregnancy. Furthermore, birth defects have been observed in the offspring of animals given alcohol in their diets. Although alcohol consumption appears to have a definite impact on fetal development, much information is still lacking. Investigators are still attempting to discover the actual mechanism of injury as well as whether a safe level of alcohol consumption exists for pregnant women. In addition to effects on the fetus, alcohol misuse has also been associated with significant damage to the liver and the pancreas. Alcohol abuse also contributes to nutritional deficiency leading to such disorders as anemia, convulsions, small bowel disfunction, and various encephalopathies.

The Fourth Special Report to the U.S. Congress on Alcohol and Health, released January 1981, reviewed the progress in the nation's struggle to control and treat alcoholism and alcohol abuse. In his introduction to the report, John R. DeLuca, the past Director of NIAAA, characterized the magnitude of the problem as follows:

> Our experience in this past decade has also made us acutely aware of the broad impact of problem drinking on our society, so much so that the litany of the damage done has become familiar to us all. Establishing a consensus on precise numbers is difficult, but there is no doubt that alcohol problems cost this country billions of dollars each year. We pay this cost in lost productivity in the workplace, in health and medical care expenses, in deaths and injuries from highway accidents, violent crimes, and fires. We also pay in ways that cannot be measured by cost accounting: in broken families, abused children, ruined careers, unrealized ambitions, in lives cut short. The ultimate cost to our Nation, reckoned in personal tragedies and social burdens, is incalculable.
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> Surveys consistently find that approximately 10 percent of adult Americans who drink are either alcoholics or experience problems with their drinking. Alcohol problems also reach into our schools, jeopardizing the futures of thousands of young people and causing their parents deep concern and anxiety. Ten percent of all deaths in this country are alcohol related, and many of them are caused when young people drink and drive.
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> More sophisticated analyses of how alcoholism and excessive drinking affect the human body have increased our

understanding of their vast range of indirect health consequences. Alcohol appears to be involved in cancer, heart disease, and a number of serious gastrointestinal and neurological disorders. Its sweep is wide and its damage great.

In a similar fashion, available data indicated that the abuse of illicit, prescription and over-the-counter drugs remains a serious national problem, and that such abuse has a substantial, negative impact on physical and psychological health, student performance, productivity in the workplace, and interpersonal relationships. Furthermore, the illegal drug market is estimated to involve the exchange of $80 billion annually. At a time when substantial budget reductions are being made in a variety of Federal health, education, social service, and other programs, the significance of such a vast underground "industry" is particularly disturbing.

Finally, available evidence indicates that the individual drug abuser is now more likely to abuse one or more illicit drugs in combination with alcohol at any one time. This pattern of polydrug abuse is of concern, particularly since our knowledge of drug interactions is still limited.

V. Committee Views

The principal purposes of ADAMHA and its three Institutes are in the areas of research and education. The appropriate locus of the authority for these activities and relevant administrative entities is the Public Health Service Act (PHSA). The bill consolidates Federal alcohol, drug abuse and mental health research activities and miscellaneous alcohol and drug abuse authorities within Title V of the PHSA.

In consolidating these authorities into a single title of the PHSA, a careful analysis of the role of ADAMHA within the Public Health Service was conducted. The role of ADAMHA within the U.S. Public Health Service is unique. Although its activities include a strong biomedical component, its research and education functions involve social and behavioral disciplines that provide an important linkage between the social service and health fields.

The technical revision and consolidation of alcohol, drug abuse and mental health authorities within Title V of the Public Health Service Act reflects the Congress' support for maintaining ADAMHA as a discrete and independent agency of the U.S. Public Health Service.

S. 126 provides a two year reauthorization of Federal research activities sponsored by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. As a result of extensive oversight hearings on the research and prevention activities of the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, the Committee moved to reauthorize the activities of the Institutes while further streamlining procedures in accordance with the shift to the Block Grant mechanism for accomplishing treatment and rehabilitation.

The Committee bill recommends $33,484,000 for alcohol research in 1983 and $45,790,000 in 1984. In addition to maintaining the mandate for research into the etiology, prevention, treatment and consequences of alcohol abuse and alcoholism, the Committee bill

has added several categories to the list of research projects to which the Institute should give special consideration. These new areas include the impact of alcoholism and alcohol abuse on the family, workplace, and health service delivery systems; the comparison of the cost and effectiveness of various treatment methods for alcoholism and alcohol abuse and the effectiveness of prevention and intervention programs for alcoholism and alcohol abuse; and the interrelationship between alcohol use and other health problems. It is critical that appropriate evaluation of programming be undertaken to provide for the dissemination of the most effective techniques in alcohol abuse prevention, intervention and treatment. Likewise the interrelationship between alcohol use and other health problems is a growing area of concern deserving of special attention. In that regard the Committee bill mandates that the impact of alcohol abuse on other health problems be considered in research undertaken by other related Federal agencies and institutes. It is the intent of the Committee that NIAAA will under its existing research authority conduct demonstration projects in any or all of the prescribed areas. The Committee believes that prevention research is of particular importance.

Increasing concern has been noted over the inadequate level of research and other support within the National Institute of Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) for prevention research and prevention activities. The predominant program emphasis within the institutes involves basic research activities or those relating to the treatment of mental illness, or alcohol and drug abuse. While these activities are appropriate priorities for the research mission of the Alcohol Drug Abuse and Mental Health Administration (ADAMHA), identifiable prevention research in high priority areas should be increased and made a management objective of each institute.

The bill establishes an administrative structure for expanding the prevention related activities of the ADAMHA. It establishes a new position of Associate Administrator for Prevention within the ADAMHA administrative structure and requires the Administrator to submit an annual report to the Congress describing and providing a detailed statement of expenditures for prevention activities of the NIMH, NIAAA and NIDA.

The Associate Administrator for Prevention is responsible for promoting and coordinating the prevention related programs of the three ADAMHA research institutes. These activities include not only prevention research but also activities in education, preventive medicine and health promotion which may be conducted under authorities other than Title V of the Public Health Service Act.

The Associate Administrator for Prevention is charged with primary staff responsibility for preparation of the annual prevention report required by Section 2(b) (1) of the bill. Although the responsibilities of the new Associate Director are intended to be predominantly those outlined in statute, the Administrator of ADAMHA is authorized to assign other responsibilities consistent with the effective management of the Administration.

The annual report submitted to Congress by the ADAMHA Administrator will be an important measurement of the Administra-

tion's compliance with congressional directives to increase prevention activities and the emphasis upon research in prevention. Significant progress is expected in delineating the scope of mental health, alcohol and drug abuse prevention activities as well as expanding the level of Federal financial support for prevention research relative to other research priorities.

The sum of $33,484,000 is being authorized for alcohol research funding in 1983. A recent report on the economic costs to society of alcohol, drug abuse, and mental illness estimated the cost of alcohol abuse alone at $49.4 billion annually. The study provided estimates of such costs as health care, treatment, rehabilitation as well as lost productivity due to illness and death, and alcohol abuse induced crime. The study did not take into consideration the pain and suffering endured by the individual victim or family and friends, which can never be quantified.

In addition, the estimated annual number of deaths related to alcohol abuse range from 50,000 to 200,000 with cirrhosis of the liver being the fourth leading cause of death in 1976 for the age group 25–64. With the high economic cost of alcoholism and alcohol abuse in mind, the Committee would like to commend the Health Care Financing Administration and the National Institute on Alcohol Abuse and Alcoholism for their joint participation in a four-year demonstration project to study the feasibility and effectiveness of providing alcoholism services under Medicare and Medicaid in lower-cost non-hospital settings. The project is relevant not only to cost-savings under Medicare and Medicaid programs, but also holds important implications for the future of third party reimbursement for alcoholism treatment and rehabilitation.

Finally, the Committee believes it is imperative that Congress make a commitment to the continued funding of alcohol research to retain and continue to attract top scientists to the field of alcohol research. The Committee believes that this legislation demonstrates that commitment.

The Committee bill recommends $47,374,000 for research on various aspects of the drug abuse problem in 1983 and $56,160,000 in 1984. This funding is justified by the staggering costs to our society of drug abuse, the threat of losing vast numbers of our youth to drug abuse, and the need to counter a multibillion dollar industry engaged in the sale of illicit drugs. The Committee's recommendations in this regard follow the President's and in the words of the Assistant Secretary for Health ". . . are based on the belief that advances gained through research (improved treatment methods, screening techniques and prevention programming) and the dissemination of these newly gained findings (to health care providers, to administrators of health programs, to State and local governments, and to the general public) will reduce the billions which alcohol and drug problems now cost this Nation."

There appears to be a host of social, behavioral, and biomedical factors associated with both alcohol and drug abuse. In view of this, the Committee believes strongly that research into the etiology of substance abuse must give proper consideration to all important contributors. The Committee is cognizant of, and shares, the concern over the fact that Federal funds have, on occasion, been used to support research, including psychosoical research, of poor qual-

ity and of little significance. Nevertheless, the Committee believes that high-qualtiy research, including high-quality psychosocial research, that shows promise of advancing our knowledge in a significant way is deserving of Federal support. Therefore, the Committee directs NIAAA and NIDA to give proper consideration to all research proposals, whether biomedical or psychosocial in nature, and to support via grant or contract as many such high-qualtiy projects as appropriations allow.

In the use of these research funds the Institute should consider expanding its support of research into the health effects of marijuana.

In the February 1982 report, "Marijuana and Health," the Institute of Medicine (IOM) concluded a 15 month study on the health effects of marijuana. The report concluded that the effects of marijuana on human health "justified serious national concern." The IOM noted that what is currently known about the health effects was inadequate. In view of the extensive use of marijuana by young people, particularly teenagers, the IOM recommended that the Federal government increase its support of investigator initiated research grants.

The NIDA is the principal Federal research agency involved in marijuana research. In view of the increased level of Federal support for drug abuse research anticipated in fiscal year 1983 and fiscal year 1984, efforts should be made to expand the agency's marijuana research base into those high priority areas outlined in the IOM study. Particular attention, consistent with the availability of high quality proposals, should be focused on resolving conflicting data concerning chronic or irreversible effects of marijuana on the central nervous system and on behavioral or personality changes such as those frequently referred to as the "amotivational syndrome."

The Committee bill consolidates reports required of the National Institute on Alcohol Abuse and Alcoholism into one triennial report including all information required of the Institute. Previously the Institute was required to so some reporting annually and some triennially. With the Institute no longer having the responsibility for the administration of treatment services, the necessity for more frequent reporting is eliminated. The one triennial report will be sufficient to update the public and the Congress on current research findings on alcohol abuse and alcoholism, current information on the health consequences of using alcoholic beverages, and recommendations for legislation and administrative action.

The Committee bill also consolidates the reporting of the National Institute on Drug Abuse to a triennial report including a discussion of the health consequences and extent of drug abuse in the United States, current research findings on drug abuse including current findings on the health effects on marijuana and the addictive property of tobacco and containing recommendations for legislative and administrative action.

Additionally, the Committee consolidated the annual report by the President to Congress on the activities of the Office of Drug Abuse Policy with the revision and promulgation of the national drug abuse strategy and made them biennial instead of annual. Since the Office of Drug Abuse Policy coordinates the development

of the strategy, it is sufficient that one report be put forth every two years revising the national drug strategy and reporting on the Office of Drug Abuse Policy.

The Committee bill abolishes the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism. While the concept of cooperation between all relevant branches of the Federal government to address the problem of alcohol abuse and alcoholism is praiseworthy, such a Committee need not be mandated in law. The Committee believes that the agencies can and should meet and coordinate their activities in this field without a Congressional mandate.

The rapid growth in the past several years of the private voluntary sector working to prevent alcohol and drug abuse, particularly among our young people, has substantially increased the demand for accurate up-to-date publications on alcohol and drug abuse.

Unfortunately, this demand has not been adequately met. Not only have available supplies of publications distributed by NIAAA and NIDA diminished, but some of the publications available have included dated and consequently erroneous information concerning alcohol and drug abuse. It is imperative that the Institutes set a high priority on the dissemination of accurate up-to-date information to meet the needs of the public. Accordingly, S. 126 specifically charges the Administrator of ADAMHA with ensuring the widespread dissemination of current and accurate publications of the NIAAA and NIDA.

In view of the critical need for these publications any general moratorium on government publications which may be imposed by the Office of Management and Budget or the Department of Health and Human Services should not apply to the dissemination of materials on the adverse health effects of alcohol and drug abuse.

The Committee bill retains in existing law the authorization for the demonstration of new and more effective prevention, treatment and rehabilitation programs. Although fiscal restraint prohibits designating any authorization level this year, the Committee believes that when the current fiscal crisis is remedied this program deserves particular attention.

The Committee bill expressly provides that Native Hawaiians should be considered Native Americans for all purposes under this Act. In Hawaii, Native Hawaiians constitute 22.6 percent of the State's population in need of alcohol treatment services, but only 7 percent of these individuals are actually being served. Accordingly, it is appropriate that demonstration projects aimed at Native Hawaiians be given special consideration. For this reason the Committee bill specifically designates in all sections of the law relating to Native Americans that the definition of Native Americans includes Native Hawaiians.

The Committee views the collection of alcoholism and drug abuse program data as an important national leadership responsibility of the Institutes. The Committee believes that they should, to the extent possible, collect data on the incidence and prevalence of alcohol and drug related problems, the effectiveness of treatment approaches under the block grant, and new and more effective ways of providing services. The Committee encourages the Institutes to include in such efforts the acquisition and analysis of alcoholism

and drug program data from information systems in each State. Such data systems can provide current data on programs in the areas of research, training, prevention, early intervention, treatment and rehabilitation within the States.

The Committee believes that States have expressed an interest in sharing data and that the Secretary should assist in making all data collected available to interested States. To make this possible and to permit comparisons on a state-by-state basis, the Institutes should encourage, to the extent feasible, uniformity in the development of alcohol and drug related data. This will necessitate the Secretary working with State and local alcohol and drug abuse service providers and other relevant national organizations which may have expertise in alcohol and drug issues, evaluation of services, or related areas to encourage and promote compliance with comparable data configurations in preparation for the Secretary's report to Congress.

It is the intention of the Committee not to burden States with reporting requirements. States must themselves determine whether they wish voluntarily to contribute data beyond that already required in the evaluation of the block grants in Title XIX of the Public Health Service Act. If they choose to do so, the Committee believes it desirable that such data be supplied in a uniform manner.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, D.C., March 18, 1983.

Hon. ORRIN G. HATCH,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: Pursuant to Section 403 of the Congressional Budget Act of 1974, the Congressional Budget Office has prepared the attached cost estimate for S. 126, the Alcohol and Drug Abuse Amendments of 1983.

Should the Committee so desire, we would be pleased to provide further details on the attached cost estimate.

Sincerely,

JAMES BLUM
(For Alice M. Rivlin, Director.)

VI. CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 126.
2. Bill title: Alcohol and Drug Abuse Amendments of 1983.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on March 18, 1983.
4. Bill purpose: The bill would extend for one year the authorization for project grants and contracts and for research relating to alcohol abuse and alcoholism. The bill would extend for one year the authorization for grants and contracts and for research relating to drug abuse. The bill would also consolidate certain provisions relating to the administration and coordination of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse.

5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1984	1985	1986	1987	1988
Estimated authorization levels:					
Alcohol abuse and alcoholism research (512)	45.8				
Drug abuse research (515)	56.2				
Total estimated authorization levels	102.0				
Estimated outlays:					
Alcohol abuse and alcoholism research (512)	33.3	7.7	2.9	1.2	0.7
Drug abuse research (515)	40.8	9.5	3.6	1.5	.8
Total estimated outlays	74.1	17.2	6.5	2.7	1.5

The costs of this bill fall within function 550.

Basis of Estimate.—All authorization levels are stated in the bill. Authorized amounts are assumed to be fully appropriated at the beginning of the fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of appropriate recent program data.

Finally, the bill would transfer Title V of the Public Health Service Act of 1970 to the end of the Act and redesignate it as Title XXI. Provisions relating to the administration and coordination of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse would then be consolidated under a new Title V of the Public Health Service Act.

6. Estimated cost to state and local governments: The Congressional Budget Office has determined that the budgets of state and local governments would not be affected directly by the enactment of this bill.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Hinda Ripps Chaikind (226–2820).

10. Estimate approved by:

C. G. NUCKOLS
(For James L. Blum,
Assistant Director for Budget Analysis).

VII. VOTES IN COMMITTEE

Pursuant to section 133(b) of the Legislative Reorganization Act of 1946, as amended, the following is a tabulation of votes in committee:

The Committee voted to favorably report the bill as reported from Subcommittee without amendment.

VIII. REGULATORY IMPACT STATEMENT

Pursuant to Section 602 of Senate Resolution 4 concerning the regulatory impact of proposed legislation, the Committee provided the following evaluation of the anticipated additional paperwork and other regulatory impact that would result from the implemen-

tation of S. 126, which revises and extends Federal alcohol and drug abuse prevention, research and technical assistance programs. In general, the goal of this bill is to reduce regulatory requirements and paperwork.

(A) Estimated number of individuals and businesses regulated by group or class.

No new classification of individuals or businesses in the private sector would become subject to regulation as a result of this legislation.

(B) Economic Impact of such regulation on individuals or businesses. None.

(C) Additional paperwork, time and cost.

It is not anticipated that implementation of this legislation will impose any additional paperwork, time or cost upon the private sector. A provision adopted by the Committee will provide for some reporting of data on the Alcohol Drug Abuse and Mental Health Block Grant however the legislation clarifies that any information to be provided over and above what is already mandated in law is to be strictly voluntary on the part of the states. This, therefore, should impose no new regulations or paperwork burden on the private sector.

IX. Section-by-Section Analysis

S. 126 revises and extends the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 and the Drug Abuse Prevention, Treatment and Rehabilitation Act and consolidates laws relating to the Alcohol, Drug Abuse and Mental Health Administration, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse within the Public Health Service Act.

SHORT TITLE; STATEMENT OF POLICY

Section 1(a) entitles Act the "Alcohol and Drug Abuse Amendments of 1983."

Subsection (b) states that policy of the Act is to emphasize the leadership role of the Federal Government through a continued commitment to research, extensive dissemination of the most recent information and research findings to governmental and private groups, technical assistance to research, services and prevention personnel in the field of alcohol abuse and alcoholism and drug abuse, development and encouragement of prevention programming including occupational programming, encouragement of participation by the private sector, and assumption of those functions which are truly national in scope.

THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION AND THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

Section 2(a) transfers existing Title V of the Public Health Service Act, redesignates it as Title XXI and makes conforming changes.

Subsection (b) reauthorizes, revises and consolidates in Title V of the Public Health Service Act authority for alcohol, drug and mental health programming previously contained in the Public Health Service Act, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 and the Drug Abuse Prevention, Treatment and Rehabilitation Act.

Paragraph (1) designates the new title Title V—Administration and Coordination of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse.

Paragraph (2) transfers authority establishing the Alcohol, Drug Abuse, and Mental Health Administration to the new Title V of the Public Health Service Act and makes conforming changes in clauses (A) and (B). Clause (C) amends the section to mandate that the Administration ensure the widespread dessemination of current Institute publications dealing with the most recent research findings on alcohol and drug abuse. Clause (D) creates the position of Associate Administrator for Prevention whose functions include promoting prevention research programs of the three Institutes and coordinating the programs among the Institutes and with the public and private sectors.

The Administrator, acting through the Associate Administrator for Prevention, shall submit a report to Congress annually beginning on or before January 1, 1984 describing the prevention activities undertaken by the Administration and the Institutes. The report shall include a detailed statement of the expenditures made for these activities and the personnel involved in them.

This paragraph also provides for the Administrator to establish a procedure for responding to reports of scientific fraud and violations of human rights of subjects of research, for projects funded under this Act.

Paragraph (3) transfers Section 101 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 establishing the National Institute on Alcohol Abuse and Alcoholism to the new Title V of the Public Health Service Act and makes conforming changes.

Paragraph (4) transfers Section 501 of the Drug Abuse Prevention, Treatment and Rehabilitation Act establishing the National Institute on Drug Abuse to the new Title V of the Public Health Service Act and makes conforming changes.

Paragraph (5) transfers subsection (a) of Section 406 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act providing additional drug abuse prevention functions of the Secretary of Health and Human Services to Section 503 of the Public Health Service Act.

Paragraph (6) transfers Section 455 of the Public Health Service Act establishing the National Institute of Mental Health to the new Title V of the Public Health Service Act and makes conforming changes.

Paragraph (7) inserts new sections in Title V of the Public Health Service Act entitled Reports on Alcoholism, Alcohol Abuse and Drug Abuse and Peer Review.

Section 505(a) provides for the Secretary to submit to Congress every three years beginning January 15, 1984 a report including current informtion on the health consequences of using alcoholic beverages, a description of current research findings made with respect to alcohol abuse and alcoholism, and recommendations for legislative and administrative action.

Section 505(b) requires the Secretary also to submit to Congress every three years beginning January 15, 1984 a report describing the health consequences and extent of drug use in the United States and current research findings on drug abuse, including current findings on the health effects of marihuana and the addictive property of tobacco, and containing recommendations for legislative and administrative action.

Section 506 provides for appropriate scientific and technical peer review of biomedical and behavioral research and development grants, contracts and agreements.

Paragraph (8) provides for subject heading relating to research and a subpart heading for alcohol research.

Paragraph (9) extends for two fiscal years the authorization of appropriations for alcohol research, repeals the funding limit on annual awards for national alcohol research centers (NARC), eliminates reference to the geographic distribution of NARC awards and transfers Sections 501, 503 and 504 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabiliation Act of 1970 to subpart 1 of Part B of Title V of the Public Health Service Act, redesignated as Sections 510, 511 and 512 respectively.

The paragraph also amends the research authority to emphasize the importance of dissemination of research findings and their practical application, including the use of curriculum materials, and extends the projects give special consideration to include the impact of alcoholism and alcohol abuse on the family, the workplace and systems for the delivery of health services; the interrelationship between alcohol use and other health problems; and the comparison of the cost and effectiveness of various treatment methods for alcoholism and alcohol abuse and the effectiveness of prevention and intervention programs for alcoholism and alcohol abuse.

The provision also expands the research programs to be coordinated under Section 510(b)(5) to include research activities related to the impact of alcohol abuse on other health problems.

Paragraph (10) provides for a subpart heading for drug abuse research.

Paragraph (11) transfers Section 503 of the Drug Abuse Prevention, Treatment and Rehabilitation Act authorizing drug abuse research to subpart 2 of Part B of Title V. Conforming changes are made and the section provides for dissemination of research find-

ings and their practical application. The research authority is extended for two years and technically amended.

Paragraph (12) inserts part and subpart headings for miscellaneous provisions relating to alcohol abuse and alcoholism and drug abuse and provisions relating to alochol abuse and alcoholism.

Paragraph (13) transfers Sections 301, Technical Assistance, 201, Alcohol Abuse and Alcoholism Among Government and Other Employees, 321, Admission of Alcohol Abusers and Alcoholics To Private and Public Hospitals and Outpatient Facilities, and 333, Confidentiality of Records, of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 to Part C of Title V of the Public Health Service Act established by Paragraph 12. The sections are redesignated as Sections 520, 521 522, and 523 respectively and amended to reflect necessary technical and conforming changes.

Paragraph (14) inserts the heading Subpart 2—Provisions Relating to Drug Abuse.

Paragraph (15) transfers Section 502 of the Drug Abuse Prevention, Treatment and Rehabilitation Act providing technical assistance to state and local agencies to Title V of the Public Health Service Act and makes technical and conforming changes.

Paragraph (16) transfers Sections 413, Drug abuse among government and other employees, 407, Admission of drug abusers to private and public hospitals, and 408, Confidentiality of patient records, of the Drug Abuse Prevention, Treatment and Rehabilitation Act to Title V of the Public Health Service Act. The sections are respectively redesignated Sections 525, 526 and 527 and amended to reflect necessary technical and conforming changes.

Subsection (c)(1) repeals Section 102, Reports, 103, Interagency Committee on Federal Activities For Alcohol Abuse and Alcoholism, and 502, Scientific Peer Review, of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. Paragraph (2) repeals Sections 405, Special Reports, and 504, Review of Program Activities, of the Drug Abuse Prevention, Treatment and Rehabilitation Act.

Subsection (d) repeals Title V of the Medial Facilities Construction and Modernization Amendments of 1970. This subsection is repealed to eliminate an unnecessary drug abuse reporting requirement now incorporated in Section 505 of the Public Health Service Act (as revised).

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH REPORTS BY THE SECRETARY

Section 3(a) provides that on or before January 15, 1984 the Secretary submit to Congress a report on the Alcohol and Drug Abuse and Mental Health Services Block Grant. Requires the Secretary to ensure that State and local governments use compatible means of data collection for block grant services so that uniform national data is available, provided that any submission of data by the States beyond that required in the block grant is voluntary.

DRUG ABUSE STRATEGY REPORT

Section 4(a) requires a biennial reporting on the federal drug abuse strategy as well as the activities of the White House Office of Drug Abuse Policy.

Section 4(b) repeals Section 207 which requires an annual report on the activities of the Office of Drug Abuse Policy.

MISCELLANEOUS

Section 5(a)(1) and (a)(3) specifies that when the Secretary gives special consideration to applications for demonstration projects aimed at Native Americans, this shall include Native Hawaiians and Native American Pacific Islanders.

Section 5(a)(2) adds Native Hawaiians and Native American Pacific Islanders to the special and underserved population groups the National Commission on Alcoholism shall include in its study of services relating to alcoholism and alcohol-related problems.

Section 5(b) makes technical conforming changes in the Public Health Service Act.

X. Changes in Existing Law

In compliance with rule XXVI, paragraph 12 of the Standard Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

Public Health Service Act

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TITLE II—ADMINISTRATION

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NATIONAL ADVISORY COUNCILS

Sec. 217. (a) * * *

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(c) The National Advisory Mental Health Council shall advise, consult with, and make recommendations to the Surgeon General on matters relating to the activities and functions of the Service in the field of mental health. The Council is authorized (1) to review research projects or programs submitted to or initiated by it in the field of mental health and recommend to the Surgeon General, for prosecution under this Act, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis and treatment of psychiatric disorders; and (2) to collect information as to studies being carried on in the filed of mental health and, with the approval of the Surgeon General, make available such information through the appropriate publications for the benefit of health and welfare agencies or organizations (public and

private), physicians, or any other scientists, and for the information of the general public. The council is also authorized to recommend to the Surgeon General, for acceptance pursuant to section [501] *2101* of this Act, conditional gifts for work in the field of mental health; and the Surgeon General shall recommend acceptance of any such gifts only after consultation with the Council.

(d) The National Advisory Council on Alcohol Abuse and Alcoholism shall advise, consult with, and make recommendations to, the Secretary on matters relating to the activities and functions of the Secretary in the field of alcohol abuse and alcoholism, including policies and priorities with respect to grants and contracts. The Council is authorized (1) to review research projects or programs submitted to or initiated by it in the field of alcohol abuse and alcoholism and recommended to the Secretary any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis and treatment of alcohol abuse and alcoholism, and (2) to collect information as to studies being carried on in the field of alcohol abuse and alcoholism and, with the approval of the Secretary, make available such information through appropriate publications for the benefit of health and welfare agencies or organizations (public or private) or physicians or any other scientists, and for the information of the general public. The Council is also authorized to recommend to the Secretary, for acceptance pursuant to section [501] *2101* of this Act, conditional gifts for work in the field of alcohol abuse and alcoholism; and the Secretary shall recommend acceptance of any such gifts only after consultation with the Council.

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART I—NATIONAL LIBRARY OF MEDICINE

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GIFTS TO LIBRARY

SEC. 384. The provisions of section [501] *2101* shall be applicable to the acceptance and administration of gifts made for the benefit of the Library or for carrying out any of its functions, and the Board shall make recommendations to the Secretary of Health, Education, and Welfare relating to establishment within the Library of suitable memorials to the donors.

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TITLE IV—NATIONAL RESEARCH INSTITUTES

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PART I—GENERAL PROVISIONS

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PEER REVIEW OF GRANT APPLICATIONS AND CONTRACT PROJECTS

SEC. 475 (a) The Secretary, after consultation with the Director of the National Institutes of Health, and where appropriate, [the Directors of the National Institute of Mental Health, the National Insitutue on Alcohol Abuse and Alcoholism, and the the National Institute on Drug Abuse and] the head of the Division of Nursing of the Health Resources Administration (or the successor to either such entity), shall by regulation require appropriate scientific peer review of—

(1) application made after the effective date of such regulations for grants under this Act for biomedical and behavioral research (including research under programs of such Division of Nursing; and

(2) biomedical and behavioral research and development contract projects to be administered after such effective date through an institute established under this title, [the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse,] or the Division of Nursing of the Health Resources Administration (or the successor to either such entity).

(b) Regulations promulgated under subsection (as) shall, to the extent practical, require that the review of grant applications required by the regulations be conducted—

(1) in a manner consistent with the system for scientific peer review applicable on the date of the enactment of this section to applications for grants under this Act for biomedical and behavioral research, and

(2) by peer review groups performing such review on or before such date.

(c) The members of any peer review group established under such regulations shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group and not more than one-fourth of the members of any peer review group established under such regulations shall be officers or employees of the United States.

* * * * * * *

TITLE V—ADMINISTRATION AND COORDINATION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

PART A—ADMINISTRATION AND INSTITUTES

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

SEC. [201.] *501.* (a) The Secretary [of Health, Education, and Welfare] shall establish, in the Department [of Health, Education, and Welfare], the Alcohol, Drug Abuse, and Mental Health Administration (hereinafter in this section referred to as the "Ad-

ministration"). The Administration shall be headed by an Administrator appointed by the President, by and with the advice and consent of the Senate. The Administrator, with the approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(b) The Secretary, acting through the Administration, shall supervise the functions of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse in order to assure that (1) the programs carried out through each such Institute receive appropriate and equitable support, and (2) there is cooperation among the Institutes in the implementation of such programs.

(c) The Secretary [of Health, Education, and Welfare] shall establish a National Panel on Alcohol, Drug Abuse, and Mental Health (hereinafter in this subsection referred to as the "panel") to advise, consult with, and make recommendations to the Secretary concerning the activities to be carried out through the Administration. The panel shall consist of three members appointed by the Secretary as follows: One member shall be appointed from the public members of the National Advisory Mental Health Council established under section 217 [of the Public Health Service Act], one member shall be appointed from the public members of the National Advisory Council on Alcohol Abuse and Alcoholism established under such section, and one member shall be appointed from the public members of the National Advisory Council on Drug Abuse established under such section.

(d) [The Secretary of Health, Education, and Welfare, acting through the Administration, shall evaluate and make recommendations regarding improved, coordinated activities, where appropriate, for public education and other prevention programs with respect to the abuse of alcohol and other substances.] *To educate the public with respect to the health hazards of alcoholism, alcohol abuse and drug abuse, the Administrator shall take such actions as may be necessary to ensure the widespread dissemination of current publications of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse relating to the most recent research findings with respect to such health hazards.*

(e)(1) There shall be in the Administration an Associate Administrator for Prevention to whom the Administrator shall delegate the function of promoting the prevention research programs of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse and coordinating such programs between the institutes and between the institutes and other public and private entities.

(2) On or before January 1, 1984, and annually thereafter, the Administrator, acting through the Associate Administrator for Prevention, shall submit to the Congress a report describing the prevention activities (including preventive medicine and health promotion) undertaken by the Administration, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. The report shall include

a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

(f) The Administrator shall establish a process for the prompt and appropriate response to information provided the Administrator respecting (1) scientific fraud in connection with projects for which funds have been made available under this Act, and (2) incidences of violations of the rights of human subjects of research for which funds have been made available under this title. The process shall include procedures for the receiving of reports of such information from recipients of funds under this title and taking appropriate action with respect to such fraud and violations.

[ESTABLISHMENT OF THE INSTITUTE] *NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM*

SEC. [101.] *502.* (a) There is established the National Institute on Alcohol Abuse and Alcoholism (hereinafter in [this Act] *this section* referred to as the "Institute") to administer the programs and authorities [assigned to the Secretary of Health and Human Services (hereinafter in this Act referred to as the "Secretary")] *relating to alcohol abuse and alcoholism assigned to the Secretary* by this Act. The Secretary, acting through the Institute, shall, in carrying out the purposes of sections 301 and 303 [of the Public Health Service Act] with respect to alcohol abuse and alcoholism, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics. The Secretary shall carry out through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(b)(1) The Institute shall be under the direction of a Director who shall be appointed by the Secretary.

(2) The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs to be carried out through the Institute.

(c) The programs to be carried out though the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

(d)(1) The Director shall make special efforts to develop and coordinate preventions, treatment, research, and administrative policies and programs which focus on the needs of underserved populations.

(2) The Secretary shall include in the annual report to the President and the Congress required by section 102(1) a description of the actions taken by the Director under paragraph (1).

[§ 501. Establishment of Institute.] ***National Institute on Drug Abuse.***

SEC. 503. (a) There is established the National Institute on Drug Abuse (hereinafter in [this title] *this section* referred to as the

"Institute") to administer the programs and authorities [of the Secretary of Health and Human Services (hereinafter in this title referred to as the "Secretary") with respect to drug abuse prevention functions.] *relating to drug abuse assigned to the Secretary by this Act.* The Secretary, acting through the Institute, shall, in carrying out the purposes of sections 301, 302, and 303 [of the Public Health Service Act] with respect to drug abuse, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatmenobusers. The Secretary shall carry out through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(b)(1) The Institute shall be under the direction of a Director [(hereinafter in this title referred to as the "Director")] who shall be appointed by the Secretary.

(2) The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs and authorities to be carried out through the Institute.

(c) The programs of the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

[(d)(1) The Director shall make special effort to develop and coordinate prevention, treatment, research, and administrative policies and programs which focus on the needs of underserved populations.

[(2) The Secretary shall include in the annual report to the President and the Congress required by section 405(b) a description of the actions taken by the Director under paragraph (1).]

(d) The Director of the Institute shall establish in the Office of the Director an office to administer and promote the prevention research programs of the Institute.

[(a)](*e*) The Secretary shall—

(1) operate an information center for the collection, preparation, and dissemination of all information relating to drug abuse prevention functions, including information concerning State and local drug abuse treatment plans, and the availability of treatment resources, training and educational programs, statistics, research, and other pertinent data and information;

(2) investigate and publish information concerning uniform methodology and technology for determining the extent and kind of drug use by individuals and effects which individuals are likely to experience from such use; and

(3) gather and publish statistics pertaining to drug abuse and promulgate regulations specifying uniform statistics to be furnished, records to be maintained, and reports to be submitted, on a voluntary basis by public and private entities and individuals respecting drug abuse.

ESTABLISHMENT OF INSTITUTE

SEC. [455.] *504.* (a) There is established the National Institute of Mental Health (hereinafter in this part referred to as the "Institute") to administer the programs and authorities of the Secretary with respect to mental health. The Secretary, acting through the Institute, shall, in carrying out the purposes of sections 301 and 303 of this Act with respect to mental illness, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of mental illness and for the rehabilitation of the mentally ill. The Secretary shall carry out through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(b)(1) The Institute shall be under the direction of a Director who shall be appointed by the Secretary.

(2) The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs and authorities to be carried out through the Institute.

(c) The programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

(d) The Director shall designate an administrative unit in the Institute to—

(1) design national goals and establish national priorities for—

(A) the prevention of mental illness, and

(B) the promotion of mental health,

(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1), and

(3) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health.

(e)(1) The Director of the National Institute of Mental Health shall designate an Associate Director for Minority Concerns.

(2) The Secretary. acting through the Associate Director for Minority Concerns, shall—

(A) develop and coordinate prevention, treatment, research, and administrative policies and programs to assure increased emphasis on the mental health needs of minority populations;

(B) support programs and projects relating to the delivery of mental health services to minority populations, including demonstration programs and projects;

(C) develop a plan to increase the representation of minority populations in mental health service delivery and manpower programs;

(D) support programs of basic and applied social and behavioral research on the mental health problems of minority populations;

(E) study the effects of discrimination on institutions and individuals, including majority institutions and individuals;

(F) develop systems to assist minority populations in adapting to, and coping with, the effects of discrimination;

(G) support and develop research, demonstration, and training programs designed to eliminate institutional discrimination; and

(H) provide increased emphasis on the concerns of minority populations in training programs, service delivery programs, and research endeavors of the Institute.

REPORTS ON ALCOHOLISM, ALCOHOL ABUSE, AND DRUG ABUSE

SEC. 505. (a) The Secretary shall submit to Congress on or before January 15, 1984, and every three years thereafter a report——

(1) containing current information on the health consequences of using alcoholic beverages,

(2) containing a description of current research findings made with respect to alcohol abuse and alcoholism, and

(3) containing such recommendations for legislation and administrative action as the Secretary may deem appropriate.

(b) The Secretary shall submit to Congress on or before January 15, 1984, and every three years thereafter a report——

(1) describing the health consequences and extent of drug abuse in the United States;

(2) describing current research findings made with respect to drug abuse, including current findings on the health effects of marihuana and the addictive property of tobacco; and

(3) containing such recommendations for legislation and administrative action as the Secretary may deem appropriate.

PEER REVIEW

SEC. 506. (a) The Secretary, after consultation with the Directors of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse shall by regulation require appropriate technical and scientific peer review of biomedical and behavioral research and development grants, cooperative agreements, and contracts to be administered through the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse.

(b) Regulations promulgated under subsection (a) shall require that the review of grants, cooperative agreements, and contracts required by the regulations be conducted——

(1) in a manner consistent with the system for scientific peer review applicable on the date of the enactment of this section to grants, cooperative enactment of this section to grants, cooperative agreements, and contracts under this Act for biomedical and behavioral research, and

(2) to the extent practical, by peer review groups performing such review on or before such date.

(c) The members of any peer review group established under such regulations shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group and not more than one-fourth of the members of

any peer review group established under such regulations shall be officers or employees of the United States.

(d) The Administrator of the Administration shall establish procedures for periodic, techical, and scientific peer review of research at the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. Such procedures shall require that——

(1) the reviewing entity be provided a written description of the research to be reviewed; and

(2) the reviewing entity provide the advisory council of the institute involved with such description and the results of the review by the entity.

PART B—RESEARCH

Subpart 1—Alcohol Abuse and Alcoholism

[ENCOURAGEMENT OF RESEARCH] ALCOHOL ABUSE AND ALCOHOLISM RESEARCH

SEC. [501.] 510. (a) The Secretary, acting through [the Institute] *the National Institute on Alcohol Abuse and Alcoholism (hereinafter in this subpart referred to as the "Institute"),* shall carry out a program of research, investigations, experiments, demonstrations, and studies, directly and by grant or contract, into—

(1) the social behavorial, and biomedical etiology,

(2) prevention,

(3) treatment,

(4) mental and physical health consequences,

(5) social and economic consequences, and

(6) the impact on families,

of alcohol abuse and alcoholism.

(b) In carrying out the program described in subsection (a) of this section, the Secretary, acting through the Institute, is authorized to—

(1) collect and [make available through publications and other appropriate means] *disseminate through publications and other appropriate means (including the development of curriculum materials),* information as to, and the practical application of, the research and other activities under the program;

(2) make available research facilities of the Public Health Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the National Advisory Council on Alcohol Abuse and Alcoholism[; and such Council shall give special consideration to projects relating to the relationship between alcohol abuse and domestic violence, the effects of alcohol use during pregnancy, the relationship between the abuse of alcohol and other drugs, and the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and

education of users of such beverages.] , *giving special consideration to projects relating to—*

(A) the relationship between alcohol abuse and domestic violence.

(B) the effects of alcohol use during pregnancy.

(C) the impact of alcoholism and alcohol abuse on the family, the workplace, and systems for the delivery of health services,

(D) the relationship between the abuse of alcohol and other drugs,

(E) the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages,

(F) the interrelationship between alcohol use and other health problems, and

(G) the comparison of the cost and effectiveness of various treatment methods for alcoholism and alcohol abuse and the effectivieness of prevention and intervention programs for alcoholism and alcohol abuse.

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by the National Institute of Drug Abuse and by other departments, agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from alcoholism or alcohol abuse or those of their families *or the impact of alcohol abuse on other health problems*:

(6) conduct an intramural program of biomedical, behavioral, equidemiological, and social research, including research onto the most effective means of treatment and service delivery, and including research involving human subjects, which is—

(A) located in an institution capable of providing all necessary medical care for such human subject, including complete 24-hour medical diagnostic services by or under the supervision of physicians, acute and intensive medical care, including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from alcoholism and alcohol abuse; and

(B) associated with an accredited medical or research training institution;

(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons not otherwise eligible for such treatment;

(8) provide to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical and other scientific research methods to experiments, studies, and surveys in health and medical fields;

(9) enter into contracts under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5); and

(10) adopt, upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

SEC. [503.] *511.* (a) The Secretary acting through the Institute may designate National Alcohol Research Centers for the purpose of interdisciplinary research relating to alcoholism and other biomedical, behavioral, and social issues related to alcoholism and alcohol abuse. No entity may be designated as a Center unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on alcoholism and other alcohol problems and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application,

(C) the applicant has facilities and personnel to provide training in the prevention and treatment of alcoholism and other alcohol problems;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on alcoholism and other alcohol problems;

(E) the applicant has the capacity to conduct courses on alcohol problems and research on alcohol problems for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to alcoholism and other alcohol problems.

[Insofar as practical, the Secretary shall approve applications under this subsection in a manner which results in an equitable geographic distribution of Centers.]

(b) The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. [No annual grant to any Center may exceed $1,500,000.] No funds provided under a grant under this subsection may be used for the purchase or rental of any land or the rental, purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by sec-

tion 702(2) [of the Public Health Service Act (42 U.S.C. 292a)]. The Secretary shall include in the grants made under this section for fiscal year beginning after September 30, 1981, a grant to a designated Center for research on the effects of alcohol on the elderly.

[(c) There are authorized to be appropriated to carry out the purposes of this section $6,000,000 for the fiscal year ending September 30, 1977, and for the next two succeeding fiscal years, $8,000,000 for the fiscal year ending September 30, 1980, and $9,000,000 for the fiscal year ending September 3, 1981.]

AUTHORIZATIONS OF APPROPRIATIONS

SEC. [504] *512.* (a) There are authorized to be appropriated [for carrying out this title $20,000,000 for the fiscal year ending September 30, 1977, $24,000,000 for the fiscal year ending September 30, 1978, $28,000,000 for fiscal year ending September 30, 1979, $28,000,000 for the fiscal year ending September 30, 1980, $28,000,000 for the fiscal year ending September 30, 1981, $25,000,000 for the fiscal year ending September 30, 1982,] *to carry out this subpart $33,484,000 for the fiscal year 1983 and $45,790,000 for the fiscal year 1984.* Of the funds appropriated under this section for any fiscal year [beginning after September 30, 1981], not more than 35 per centum may be obligated for grants under section [503] *511.*

Subpart 2—Drug Abuse Research

[§ 503. Encouragement of research] ***Drug Abuse Research***

SEC. 515. (a) [The Director] *The Director of the National Institute on Drug Abuse* shall encourage and promote (by grants, contracts, or otherwise) expanded research programs, investigations, experiments, demonstrations, and studies, into—

(1) the creation, development, and testing of synthetic analgesics, antitussives, and other drugs which are—

(A) nonaddictive, or

(B) less addictive than opium or its derivatives, to replace opium and its derivatives in medical use;

(2) the creation, development, and testing of long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction;

(3) the creation, development, and testing of detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction;

(4) the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse and drug dependence; and

(5) drug abuse prevention, treatment, and rehabilitation.

In carrying out this subsection the Director is authorized to establish, or provide for the establishment of, clinical research facilities.

(b) [The Director may—

[(1) make grants or enter into contracts with individuals and public and nonprofit entities for the purpose of determining the causes of drug abuse in a particular area, and

[(2) make grants to and enter into contracts with individuals and public and private nonprofit entities for research respecting improved drug maintenance and detoxification techniques and programs.]

In carrying out the activities described in subsection (a), the Secretary, acting through the Institute, may—

(1) collect and disseminate through publications and other appropriate means, including the development of curriculum materials, information as to, and the practical application of, the research and other activities under this section,

(2) make grants or enter into contracts with individuals and public and nonprofit entities for the purpose of determining the causes of drug abuse in a particular area, and

(3) make grants to and enter into contracts with individuals and public and private nonprofit entities for research respecting improved drug maintenance and detoxification techniques and programs.

(c) For the purposes of subsections (a) and (b), there are authorized to be appropriated [$45,000,000 for the fiscal year ending September 30, 1982.] *$47,374,000 for fiscal year 1983 and $56,160,000 for fiscal year 1984.*

PART C—MISCELLANEOUS PROVISIONS RELATING TO ALCOHOL ABUSE AND ALCOHOLISM AND DRUG ABUSE

Subpart 1—Provisions Relating to Alcohol Abuse and Alcoholism

TECHNICAL ASSISTANCE

SEC. [301.] *520.* (a) On the request of any State, the Secretary, acting through [the Institute], *the National Institute on Alcohol Abuse and Alcoholism,* shall, to the extent feasible, make available technical assistance for—

(1) developing and improving systems for data collection;

(2) program management, accountability, and evaluation;

(3) certification, accreditation, or licensure of treatment facilities and personnel;

(4) monitoring compliance by hospitals and other facilities with the requirements of [sections 321] *section 522;* and

(5) eliminating exclusions in health insurance coverage offered in the State which are based on alcoholism or alcohol abuse.

(b) Insofar as practicable, technical assistance provided under this section shall be provided in a manner which will improve coordination between activities supported [under this Act, and under the Drug Abuse Prevention, Treatment, and Rehabilitation Act] *under this title.*

ALCOHOL ABUSE AND ALCOHOLISM AMONG GOVERNMENT AND OTHER EMPLOYEES

SEC [201.] *521.* (a) The Office of Personnel Management shall be responsible for developing and maintaining, in cooperation with the Secretary and with other Federal agencies and departments, and in accordance with the provisions of subpart F of part III of

title 5, United States Code, appropriate prevention, treatment, and rehabilitation programs and services for alcohol abuse and alcoholism among Federal civilian employees, consistent with the purposes of this Act. Such agencies and departments are encouraged to extend, to the extent feasible, these programs and services to the families of alcoholic employees and to employees who have family members who are alcoholics. Such policies and services shall make optimal use of existing governmental facilities, services, and skills.

(b)(1) The Secretary, acting through the Institute, shall be responsible for fostering and encouraging similar alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs and services in State and local governments and in private industry. To the extent feasible, such programs and services should be designed such that they apply to the families of employees and to employees who have family members who are alcoholics.

(2)(A) Consistent with such responsibility, the Secretary, acting through the Institute, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

(B) The Secretary, acting through the Institute, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of alcohol abuse prevention, treatment, and rehabilitation activities and shall, to the extent feasible provide technical assistance to agencies as requested.

(3) Model programs developed under paragraph (2) shall, in the case of business concerns and governmental entities which employ individuals represented by labor organizations. be designed for implementation through cooperative agreements between the concerns and entities and the organizations.

(4) To the extent feasible, model programs developed under paragraph (2) shall be capable of coordination with model programs developed pursuant to [section 413(b) of the Drug Abuse Prevention, Treatment, and Rehabilitation Act] *section 525.*

(c)(1) No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the grounds of prior alcohol abuse or prior alcoholism.

(2) This subsection shall not apply to employment (A) in the Cental Intelligence Agency, the Federal Bureau of Investigation, the National Security Agency, or any other department or agency of the Federal Government designated for purposes of national security by the President, or (B) in any position in any department or agency of the Federal Government, not referred to in clause (A), which position is determined pursuant to regulations prescribed by the head of such agency or department to be a sensitive position.

(d) This [title] *section* shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

[(e) The Secretary of Health and Human Services, acting through the Administration, shall evaluate and make recommendations regarding improved, coordinated activities, where appropriate, for public education and other prevention programs with respect to the abuse of alcohol and other substances.

ADMISSION OF ALCOHOL ABUSERS AND ALCOHOLICS TO PRIVATE AND PUBLIC HOSPITALS AND OUTPATIENT FACILITIES

SEC. [321.] *522.* (a) Alcohol abusers and alcoholics who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their alcohol abuse or alcoholism, by any private or public general hospital, or outpatient facility (as defined in section 1633(6) [of the Public Health Service Act]) which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b)(1) The Secretary shall issue regulations not later than December 31, 1976 for the enforcement of the policy of subsection (a) with respect to the admission and treatment of alcohol abusers and alcoholics in hospitals and outpatient facilities which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital or outpatient facility subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital or outpatient facility receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital or outpatient facility.

(2) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) of this subsection to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from alcohol abuse or alcoholism. In prescribing and implementing regulations pursuant to this paragraph, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

CONFIDENTIALITY OF RECORDS

SEC. [333.] *523.* (a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b)(1) The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components, of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

(f) Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

(g) Except as provided in subsection (h) of this section, the Secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(h) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent

with the responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under subsection (g) of this section to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from alcohol abuse or alcoholism. In prescribing and implementing regulations pursuant to this subsection, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

Subpart 2—Provisions Relating to Drug Abuse

[§ 502. Technical assistance to State and local agencies.] ***Technical assistance to State and local agencies***

SEC. 524. (a) [The Director] the Director of the National Institute on Drug Abuse shall—

(1) coordinate or assure coordination of Federal drug abuse prevention functions with corresponding functions of State and local governments; and

(2) provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.

(b) In carrying out his functions under this section, the Director may—

(1) provide technical assistance—including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of public officials or other persons assigned to work with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;

(2) convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate [.to promote the purposes of this Act,] and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences; and

(3) draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities, and provide for uniform forms for, procedures for the submission of, and criteria for the consideration of applications of State and local governments and individuals for grants and contracts for drug abuse preventon, control, and treatment programs.

(c) In implementation of his authority under subsection (b)(1), the Director may—

(1) take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during

any one fiscal year for more than an aggregate of ninety days without the express approval of the head of the Federal department or agency with respect to which he was so employed prior to such assignment;

(2) assign any person employed by the Institute to serve as a member of any such task force or to coordinate management of such task forces; and

(3) enter into contracts or other agreements with any person or organization to serve on or work with such task forces.

(d) On the request of any State, the Secretary shall, to the extent feasible, make available technical assistance for the purposes of developing and improving systems for data collection; program management, accountability, and evaluation; certification, accreditation, or licensure of treatment facilities and personnel; monitoring compliance with the requirements of [section 407] *section 526* by hospitals and other facilities; and eliminating exclusions in health insurance coverage offered in the State which are based on drug abuse or drug dependence. Insofar as practicable, such technical assistance shall be provided in such a manner as to improve coordination between activities funded [under this Act and under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970] under this title.

[§ 413. Drug abuse among government and other employees.]
Drug abuse among government and other employees

SEC. 525. (a) The Office of Personnel Management shall be responsible for developing and maintaining, in cooperation with the President, with the Secretary (acting through the National Institute on Drug Abuse), and with other Federal agencies and departments and in accordance with the provisions of subpart F of part III of title 5, United States Code, appropriate prevention, treatment, and rehabilitation programs and services for drug abuse among Federal civilian employees. Such agencies and departments are encouraged to extend, to the extent feasible, these programs and services to the families of employees and to employees who have family members who are drug abusers. Such policies and services shall make optimal use of existing governmental facilities, services, and skills.

(b)(1) The Secretary, acting through the National Institute on Drug Abuse, shall be responsible for fostering and encouraging similar drug abuse prevention, treatment, and rehabilitation programs and services in State and local governments and in private industry.

(2)(A) Consistent with such responsibility, the Secretary, acting through the National Institute on Drug Abuse, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

(B) The Secretary, acting through the Institute, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of drug abuse prevention activities and, shall to the extent feasible, provide technical assistance to such agencies as requested.

(3) Model programs developed under paragraph (2) shall, in the case of business concerns and governmental entities which employ individuals represented by labor organizations, be designed for implementation through cooperative agreements between the concerns and entities and the organizations.

(4) To the extent feasible, model programs developed under paragraph (2) shall be capable of coordination with model programs developed pursuant to [section 201(b) of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970] *section 521.*

(c)(1) No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the ground of prior drug abuse.

(2) This subsection shall not apply to employment (A) in the Central Intelligence Agency, the Federal Bureau of Investigation, the National Security Agency, or any other department or agency of the Federal Government designated for purposes of national security by the President, or (B) in any position in any department or agency of the Federal Government, not referred to in clause (A), which position is determined pursuant to regulations prescribed by the head of such department or agency to be a sensitive position.

(d) This section shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

[§ 407. Admission of drug abusers to private and public hospitals] ***Admission of drug abusers to private and public hospitals***

SEC. 526. (a) Drug abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their drug abuse or drug dependence, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b) (1) The Secretary is authorized to make regulations for the enforcement of the policy of subsection (a) with respect to the admission and treatment of drug abusers in hospitals which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension of revocation of such other Federal support for such hospital.

(2) The Administrator of Veterans' Affairs through the Chief Medical Director, shall, to the maximum feasible extent consistent

with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) of this subsection to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from drug abuse or drug dependence. In prescribing the implementing regulations pursuant to this paragraph, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

[§ 408. Confidentiality of patient records.] ***Confidentiality of patient records***

SEC. 527. (a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b)(1) The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weight the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

(f) Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

(g) Except as provided in subsection (h) of this section, the Secretary [of Health and Human Services], after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(h) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations established by the Secretary under subsection (g) of this section to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from drug abuse. In prescribing and implementing regulations pursuant to this subsection, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

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TITLE [V] *XXI*—MISCELLANEOUS

GIFTS

SEC. [501.] *2101.* (a) The Secretary is authorized to accept on behalf of the United States gifts made unconditionally by will or otherwise for the benefit of the Service or for the carrying out of any of its functions. Conditional gifts may be so accepted if recommended by the Surgeon General, and the principal of and income from any such conditional gift shall be held, invested, reinvested, and used in accordance with its conditions, but no gift shall be accepted which is conditioned upon any expenditure not to be met therefrom or from the income thereof unless such expenditure has been approved by Act of Congress.

(b) Any unconditional gift of money accepted, pursuant to the authority granted in subsection (a) of this section, the net proceeds

from the liquidation (pursuant to subsection (c) or subsection (d) of this section) of any other property so accepted, and the proceeds of insurance on any such gift property not used for its restoration, shall be deposited in the Treasury of the United States and are hereby appropriated and shall be held in trust by the Secretary of the Treasury for the benefit of the Service, and he may invest and reinvest such funds in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States. Such gifts and the income from such investments shall be available for expenditure in the operation of the Service and the performance of its functions, subject to the same examination and audit as is provided for appropriations made for the Service by Congress.

(c) The evidence of any unconditional gift of intangible personal property, other than money, accepted pursuant to the authority granted in subsection (a) of this section shall be deposited with the Secretary of the Treasury and he, in his discretion, may hold them, or liquidate them except that they shall be liquidated upon the request of the Secretary, whenever necessary to meet payments required in the operation of the Service or the performance of its functions. The proceeds and income from any such property held by the Secretary of the Treasury shall be available for expenditure as is provided in subsection (b) of this section.

(d) The Secretary shall hold any real property or any tangible personal property accepted unconditionally pursuant to the authority granted in subsection (a) of this section and he shall permit such property to be used for the operation of the Service and the performance of its functions for he may lease or hire such property, and may insure such property, and deposit the income thereof with the Secretary of the Treasury to be available for expenditure as provided in subsection (b) of this section: *Provided,* That the income from any such real property or tangible personal property shall be available for expenditure in the discretion of the Secretary for the maintenance, preservation, or repair and insurance of such property and that any proceeds from insurance may be used to restore the property insured. Any such property when not required for the operation of the Service or the performance of its functions may be liquidated by the Secretary, and the proceeds thereof deposited with the Secretary of the Treasury, whenever in his judgment the purposes of the gifts will be served thereby

USE OF IMMIGRATION STATION HOSPITALS

SEC. [502.] *2102.* The Immigration and Naturalization Service may, by agreement of the heads of the departments concerned, permit the Public Health Service to use hospitals at immigration stations for the care of Public Health Service patients. The Surgeon General shall reimburse the Immigration and Naturalization Service for the actual cost of furnishing fuel, light, water, telephone, and similar supplies and services, which reimbursement shall be covered into the proper Immigration and Naturalization Service appropriation, or such costs may be paid from working funds established as provided by law, but no charge shall be made for the expense of physical upkeep of the hospitals. The Immigra-

tion and Naturalization Service shall reimburse the Surgeon General for the care and treatment of persons detained in hospitals of the Public Health Service at the request of the Immigration and Naturalization Service unless such persons are entitled to care and treatment under section 322(a).

MONEY COLLECTED FOR CARE OF PATIENTS

SEC. [503.] *2103.* Money collected as provided by law for expenses incurred in the care and treatment of foreign seamen, and money received for the care and treatment of pay patients, including any amounts received from any executive department on account of care and treatment of pay patients, shall be covered into the appropriation from which the expenses of such care and treatment were paid.

CARE OF PUBLIC HEALTH SERVICE PATIENTS AT SAINT ELIZABETHS HOSPITAL

SEC. [504.] *2104.* Insane patients entitled to treatment by the Service shall be admitted, upon order of the Secretary, into Saint Elizabeths Hospital or, upon order of the Surgeon General, into any hospital, institution, or station of the Service especially equipped for the accommodation of such patients and shall be cared for and treated therein until cured or until ordered removed by the officer authorizing such admittance. Funds available for the operation of such hospitals. institutions, and stations of the Service shall also be available for expenditure to meet court costs and other expenses of the Service incident to proceedings for the commitment, to Saint Elizabeths Hospital or to any hospital, institution, or station of the Service, of any mentally incompetent person entitled to treatment by the Service.

SETTLEMENT OF CLAIMS

SEC. [505.] *2105.* The Secretary may consider, ascertain, adjust, and determine any claim which shall accrue, on account of damages occasioned by collisions or incident to the operation of vessels of the service, and for which damages such vessels are found by him to be responsible. To be considered for settlement under this section, claims must be presented to the Secretary within one year of their accrual. The amount ascertained and determined to be due any claimant, not exceeding $3,000 in any one case, shall be certified to Congress as a legal claim for payment out of appropriations that may be made therefor by Congress, together with a brief statement of the character of each claim, the amount claimed, and the amount allowed. Acceptance by any claimant of the amount determined to be due under this section shall be deemed to be in full and final settlement of each claim against the Government of the United States.

TRANSPORTATION OF REMAINS OF OFFICERS

SEC. [506.] *2106.* Appropriations available for traveling expenses of the Service shall be available for meeting the cost of preparation for burial and of transportation of the place of burial

of remains of commissioned officers, and of personnel specified in regulations, who die in line of duty. Appropriations available for carrying out the provisions of this Act shall also be available for the payment of such expenses relating to the recovery, care, and disposition of the remains of personnel or their dependents as may be authorized under other provisions of law.

GRANTS TO FEDERAL INSTITUTIONS

SEC. [507.] *2107.* Appropriations to the Public Health Service available under this Act for research, training, or demonstration project grants or for grants to expand existing treatment and research programs and facilities for alcoholism, narcotic addiction, drug abuse, and drug dependence and appropriations under title VI of the Mental Health Systems Act shall also be available, on the same terms and conditions as apply to non-Federal institutions, for grants for the same purpose to Federal institutions, except that grants to such Federal institutions may be funded at 100 per centum of the cost.

TRANSFER OF FUNDS

SEC. [508.] *2108.* For the purpose of any reorganization under section 202, the Secretary, with the approval of the Director of the Bureau of the Budget, is authorized to make such transfers of funds between appropriations as may be necessary for the continuance of transferred functions.

AVAILABILITY OF APPROPRIATIONS

SEC. [509.] *2109.* Appropriations for carrying out the purposes of this Act shall be available for expenditure for personal services and rent at the seat of Government; books of reference, periodicals, and exhibits; printing and binding; transporting in Government-owned automotive equipment, to and from school, children of personnel who have quarters for themselves and their families at stations determined by the Surgeon General to be isolated stations; expenses incurred in pursuing, identifying, and returning prisoners who escape from any hospital, institution, or station of the Service or from the custody of any officer or employee of the Service, including rewards for the capture of such prisoners; furnishing, repairing, and cleaning such wearing apparel as may be prescribed by the Surgeon General for use by employees in the performance of their official duties; reimbursing officers and employees, subject to regulations of the Secretary, for the cost of repairing or replacing their personal belongings damaged or destroyed by patients while such officers or employees are engaged in the performance of their official duties; and maintenance of buildings of the National Institutes of Health.

UNAUTHORIZED WEARING OF UNIFORMS

SEC. [510.] *2110.* Except as may be authorized by regulations of the President, the insignia and uniform of commissioned officers of the Service, or any distinctive part of such insignia or uniform, or any insignia or uniform any part of which is similar to a distinc-

tive part thereof, shall not be worn, after the promulgation of such regulations, by any person other than a commissioned officer of the Service.

ANNUAL REPORT

SEC. [511.] *2111.* The Surgeon General shall transmit to the Secretary, for submission to the Congress at the beginning of each regular session, a full report of the administration of the functions of the Service under this Act, including a detailed statement of receipts and disbursements.

MEMORIALS AND OTHER ACKNOWLEDGEMENTS

SEC. [512.] *2112.* The Secretary may provide for suitably acknowledging, within the Department (whether by memorials, designations, or other suitable acknowledgments), (1) efforts of persons who have contributed substantially to the health of the Nation and (2) gifts for use in activities of the Department related to health.

EVALUATION OF PROGRAMS

SEC. [513.] *2113.* Such portion as the Secretary may determine, but not more than 1 per centum, of any appropriation for grants, contracts, or other payments under any provision of this Act, the Mental Health Systems Act, the Act of August 5, 1954 (Public Law 568, Eighty-third Congress), or the Act of August 16, 1957 (Public Law 85–151), for any fiscal year beginning after June 30, 1970, shall be available for evaluation (directly, or by grants or contracts) of any program authorized by this Act or any of such other acts, and, in the case of allotments from any such appropriation, the amount available for allotment shall be reduced accordingly.

CONTRACT AUTHORITY

SEC. [514.] *2114.* The authority of the Secretary to enter into contracts under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance by appropriation Acts.

RECOVERY

SEC. [515.] *2115.* If any facility of a community mental health center acquired, remodeled, constructed, or expanded with funds provided under the Community Mental Health Centers Act is, at any time within twenty years after the completion of such remodeling, construction, or expansion or after the date of its acquisition with such funds—

(1) sold or transferred to any person or entity (A) which is not qualified to file an application under section 222 of the Community Mental Health Centers Act or (B) which is not approved as a transferee by the State agency of the State in which such facility is located, or its successor; or

(2) not used by a community mental health center in the provision of comprehensive mental health services, and the Secretary has not determined that there is good cause for termination of such use,

the United States shall be entitled to recover from either the transferor or the transferee in the case of a sale or transfer or from the owner in the case of termination of use an amount bearing the same ratio to the then value (as determined by the agreement of the parties or by action brought in the United States district court for the district in which the center is situated) of so much of such facility or center as constituted and approved project or projects, as the amount of the Federal participation bore to the acquisition, remodeling, construction, or expansion cost of such project or projects. Such right of recovery shall not constitute a lien upon such facility or center prior to judgment.

SECTION 201 OF THE ACT OF MAY 14, 1974

AN ACT To extend through fiscal year 1974 certain expiring appropriations authorizations in the Public Health Service Act, the Community Mental Health Centers Act, and the Developmental Disabilities Services and Facilities Construction Act, and for other purposes

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

SEC. 201.[1] (a) The Secretary of Health, Education, and Welfare shall establish, in the Department of Health, Education, and Welfare, the Alcohol, Drug Abuse, and Mental Health Administration (hereinafter in this section referred to as the "Administration"). The Administration shall be headed by an Administrator appointed by the President, by and with the advice and consent of the Senate. The Administrator, with the approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(b) The Secretary, acting through the Administration, shall supervise the functions of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse in order to assure that (1) the programs carried out through each such Institute receive appropriate and equitable support, and (2) there is cooperation among the Institutes in the implementation of such programs.

(c) The Secretary of Health, Education, and Welfare shall establish a National Panel on Alcohol, Drug Abuse, and Mental Health (hereinafter in this subsection referred to as the "panel") to advise, consult with, and make recommendations to the Secretary concerning the activities to be carried out through the Administration. The panel shall consist of three members appointed by the Secretary as follows: One member shall be appointed from the public members of the National Advisory Mental Health Council established under section 217 of the Public Health Service Act, one member shall be appointed from the public members of the National Advisory Council on Alcohol Abuse and Alcoholism established under such sec-

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[1] Section 201 of the Act of May 14, 1974 is transferred to title V of the Public Health Service Act and redesignated as section 501.

tion, and one member shall be appointed from the public members of the National Advisory Council on Drug Abuse established under such section.

(d) The Secretary shall give special consideration to applications under this section for programs and projects for prevention and treatment of drug abuse and drug dependence by women and for programs and projects for prevention and treatment of drug abuse and drug dependence by individuals under the age of eighteen.

COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1970

TITLE I—NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

ESTABLISHMENT OF THE INSTITUTE

SEC. 101.[1] (a) There is established the National Institute on Alcohol Abuse and Alcoholism (hereafter in this Act referred to as the "Institute") to administer the programs and authorities assigned to the Secretary of Health and Human Services (hereafter in this Act referred to as the "Secretary") by this Act. The Secretary, acting through the Institute, shall, in carrying out the purposes of sections 301 and 303 of the Public Health Service Act with respect to alcohol abuse and alcoholism, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics. The Secretary shall carry out through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(b)(1) The Institute shall be under the direction of a Director who shall be appointed by the Secretary.

(2) The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs to be carried out through the Institute.

(c) The programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

(d)(1) The Director shall make special efforts to develop and coordinate preventions, treatment, research, and administrative policies and programs which focus on the needs of underserved populations.

(2) The Secretary shall include in the annual report to the President and the Congress required by section 102(1) a description of the actions taken by the Director under paragraph (1).

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[1] Section 101 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 502.

[REPORTS BY THE SECRETARY

[SEC. 102. The Secretary shall—

[(1) submit an annual report to Congress which shall include a description of the actions taken, services provided, and funds expended under this Act, an evaluation of the effectiveness of such actions, services, and expenditures of funds, a description, prepared in consultation with the committee established under section 103, of the extent to which Federal programs and departments are concerned and dealing effectively with the problems of alcohol abuse and alcoholism, and such other information as the Secretary considers appropriate;

[(2) submit to Congress on or before the expiration of the one-year period beginning on the date of enactment of this Act and every three years thereafter a report (A) containing current information on the health consequences of using alcoholic beverages, and (B) containing such recommendations for legislation and administrative action as he may deem appropriate;

[(3) submit such additional reports as may be requested by the President of the United States or by Congress; and

[(4) submit to the President of the United States and to Congress such recommendations as will further the prevention, treatment, and control of alcohol abuse and alcoholism.]

[INTERAGENCY COMMITTEE ON FEDERAL ACTIVITIES FOR ALCOHOL ABUSE AND ALCOHOLISM

[SEC. 103. (a) The Secretary shall establish an Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism (hereinafter in this section referred to as the "Committee"). The Committee shall (1) evaluate the adequacy and technical soundness of all Federal programs and activities which relate to alcoholism and alcohol abuse and provide for the communication and exchange of information necessary to maintain the coordination and effectiveness of such programs and activities, and (2) seek to coordinate efforts undertaken to deal with alcohol abuse and alcoholism in carrying our Federal health, welfare, rehabilitation, highway safety, law enforcement, and economic opportunity laws.

[(b) The Secretary or the Director of the National Institute on Alcohol Abuse and Alcoholism (or the Director's designee) shall serve as Chairman of the Committee, the membership of which shall include (1) appropriate scientific, medical, or technical representation from the Department of Transportation, the Department of Justice, the Department of Defense, the Department of the Treasury, the Department of Labor, the Department of Education, the Veterans' Administration, and such other Federal agencies and offices (including appropriate agencies and offices of the Department of Health and Human Services) as the Secretary determines administer programs directly affecting alcoholism and alcohol abuse, and (2) five individuals from the general public appointed by the Secretary from individuals who by virtue of their training or experience are particularly qualified to participate in the performance of the Committee's functions. The Committee shall meet at the call of the Chairman, but not less often than four times a year.

[(c) Each appointed member of the Committee shall be appointed for a term of four years, except that—

[(1) any member appointed to fill a vacancy occurring prior to the expiration of the term for which has predecessor was appointed shall be appointed for the remainder of such term; and

[(2) of the members first appointed, two shall be appointed for a term of four years, two shall be appointed for a term of three years, and one shall be appointed for a term of one year, as designated by the Secretary at the time of appointment.

[Appointed members may serve after the expiration of their terms until their successor have taken office.

[(d) Appointed members of the Committee shall receive for each day they are engaged in the performance of the functions of the Committee compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule, including traveltime: and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

[(e) The Secretary shall make available to the Committee such staff, information, and other assistance as it may require to carry out its activities effectively.]

TITLE II—ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION PROGRAMS FOR GOVERNMENT AND OTHER EMPLOYEES

ALCOHOL ABUSE AND ALCOHOLISM AMONG GOVERNMENT AND OTHER EMPLOYEES

SEC. 201.[1] (a) The Office of Personnel Management shall be responsible for developing and maintaining, in cooperation with the Secretary and with other Federal agencies and departments, and in accordance with the provisions of subpart F of part III of title 5, United States Code, appropriate prevention, treatment, and rehabilitation programs and services for alcohol abuse and alcoholism among Federal civilian employees, consistent with the purposes of this Act. Such agencies and departments are encouraged to extend, to the extent feasible, these programs and services to the families of alcoholic employees and to employees who have family members who are alcoholics. Such policies and services shall make optimal use of existing governmental facilities, services, and skills.

(b)(1) The Secretary, acting through the Institute, shall be responsible for fostering and encouraging similar alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs and services in State and local governments and in private industry. To the extent feasible, such programs and services should be designed such that they apply to the families of employees and to employees who have family members who are alcoholics.

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[1] Section 201 of the Comprehensive Alcohol Abuse and Alocholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 521.

(2)(A) Consistent with such responsibility, the Secretary, acting through the Institute, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local government entities.

(B) The Secretary, acting through the Institute, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of alcohol abuse prevention, treatment, and rehabilitation activities and shall, to the extent feasible provide technical assistance to such agencies as requested.

(3) Model programs developed under paragraph (2) shall, in the case of business concerns and governmental entities which employ individuals represented by labor organizations, be designed for implementation through cooperative agreements between the concerns and entities and the organizations.

(4) To the extent feasible, model programs developed under paragraph (2) shall be capable of coordination with model programs developed pursuant to section 413(b) of the Drug Abuse Prevention, Treatment, and Rehabilitation Act.

(c)(1) No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the grounds of prior alcohol abuse or prior alcoholism.

(2) This subsection shall not apply to employment (A) in the Central Intelligence Agency, the Federal Bureau of Investigation, the National Security Agency, or any other department or agency of the Federal Government designated for purposes of national security by the President, or (B) in any position in any department or agency of the Federal Government, not referred to in class (A), which position is determined pursuant to regulations prescribed by the head of such agency or department to be a sensitive position.

(d) This title shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

(e) The Secretary of Health and Human Services, acting through the Administration, shall evaluate and make recommendations regarding improved, coordinated activities, where appropriate, for public education and other prevention programs with respect to the abuse of alcohol and other substances.

TITLE III—TECHNICAL ASSISTANCE AND FEDERAL GRANTS AND CONTRACTS

PART A—TECHNICAL ASSISTANCE

TECHNICAL ASSISTANCE

SEC. 301.[1] (a) On the request of any State, the Secretary, acting through the Institute, shall, to the extent feasible, make available technical assistance for—

(1) developing and improving systems for data collection;

(2) program management, accountability, and evaluation;

[1] Section 301 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 520.

(3) certification, accreditation, or licensure of treatment facilities and personnel;

(4) monitoring compliance by hospitals and other facilities with the requirements of section 321; and

(5) eliminating exclusions in health insurance coverage offered in the State which are based on alcoholism or alcohol abuse.

(b) Insofar as practicable, technical assistance provided under this section shall be provided in a manner which will improve coordination between activities supported under this Act and under the Drug Abuse Prevention, Treatment, and Rehabilitation Act.

PART B—PROJECTS GRANTS AND CONTRACTS

GRANTS AND CONTRACTS FOR THE DEMONSTRATION OF NEW AND MORE EFFECTIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION PROGRAMS

SEC. 311. (a) The Secretary, acting through the Institute, may make grants to public and nonprofit private entities and may enter into contracts with public and private entities and with individuals—

(1) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects in occupational and educational settings and on modified communities living and work-care arrangements such as halfway houses, recovery homes, and supervised home care, and with particular emphasis on developing new and more effective alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs,

(2) to support projects of a demonstration value in developing methods for the effective coordination of all alcoholism treatment, training, prevention, and research resources available within a health service areas established under section 1511 of the Public Health Service Act, and

(3) to provide education and training, which may include additional training to enable treatment personnel to meet certification requirements of public or private accreditation or licensure, or requirements of third-party payors,

for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.

(b) Projects and programs for which grants and contracts are made under this section shall (1) be responsive to special requirements of handicapped individuals in receiving such services; (2) whenever possible, be community based, seek (in the case of prevention and treatment services) to insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; (3) where a substantial number of the individuals in the population served by the project or program are of limited English-speaking ability, Utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make

arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and identify an individual employed by the project or program, or who is available to the project or program on a full-time basis, who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English-speaking ability and to appropriate staff members with respect to cultural sensitives and bridging linguistic and cultural differences; and (4) where appropriate utilize existing community resources (including community mental health center).

(c)(1) In administering this section, the Secretary shall require coordination of all applications for projects and programs in a State,

(2)(A) Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency responsible for the administration of alcohol abuse and alcoholism prevention, treatment, and rehabilitation activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary in writing, an evaluation of the project or program set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects and programs pending and approved and to any State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism. The State shall furnish the applicant a copy of any such evaluation.

(B)(i) Except as provided in clause (ii), each application for a grant under this section shall be submitted by the Secretary to the National Advisory council on Alcohol Abuse and Alcoholism for its review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.

(ii) Clause (i) shall not apply to an application for a grant under this section for a project or program for any period of 12 consecutive months for which period payments under such grant will be less than $250.000, if an application for a grant under this section for such project or program and for a period of time which includes such 12-month period has been submitted to, and approved by, the Secretary.

(3) Approval of any application for a grant or contract by the Secretary, including the earmarking or financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria established by the Secretary that—

(A) provides that the projects and programs for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant:

(B) provides for such methods of administration as are necessary for the proper and efficient operation of such programs and projects; and

(C) provides for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant.

(4) The Secretary shall encourage the submission of and give special consideration to applications under this section for programs

and projects aimed at underserved populations such as racial and ethnic minorities. Native Americans (*including Native Hawaiians and Native American Pacific Islanders*), youth, the elderly, women handicapped individuals, public inebriates, and families of alcoholics.

(5) (A) No grant may be made under this section to a State or to any entity within the government of a State unless the grant application has been duly authorized by the chief executive officer of such State.

(B) No grant or contract may be made under this section for a period in excess of five years.

(C) (i) The amount of any grant or contract under this section may not exceed 100 per centum of the cost of carrying out the grant or contract in the first fiscal year for which the grant or contract is made under this section. 80 percentum of such cost in the second fiscal year for which the grant or contract is made under this section, 70 per centum of such cost in the third fiscal year for which the grant or contract is made under this section, and 60 per centum of such cost in each of the fourth and fifth fiscal years for which the grant or contract is made under this section.

(ii) For purposes of this subparagraph, no grant or contract shall be considered to have been made under this section for a fiscal year ending before September 30, 1981.

(6) Each applicant, upon filing its application with the Secretary for a grant or contract to provide prevention or treatment services, shall provide a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such services.

(7) Nothing shall prevent the use of funds provided under this section for programs and projects aimed at the prevention, treatment, or rehabilitation of drug abuse as well as alcohol abuse and alcoholism.

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PART C—ADMISSION TO HOSPITALS AND OUTPATIENT FACILITIES

ADMISSION OF ALCOHOL ABUSERS AND ALCOHOLICS TO PRIVATE AND PUBLIC HOSPITALS AND OUTPATIENT FACILITIES

SEC. 321.[1] (a) Alcohol abusers and alcoholics who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their alcohol abuse or alcoholism, by any private or public general hopsital, or outpatient facility (as defined in section 1633(6) of the Public Health Service Act) which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b) (1) The Secretary shall issue regulations not later than December 31, 1976 for the enforcement of the policy of subsection (a) with respect to the admission and treatment of alcohol abusers and

[1] Section 321 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 522.

alcoholics in hospitals and outpatient facilities which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital or outpatient facility subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital or outpatient facility receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital or outpatient facility.

(2) The Administrator of Veterans' Affairs, through the Chief Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) of this subsection to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from alcohol abuse or alcoholism. In prescribing and implementing regulations pursuant to this paragraph, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

CONFIDENTIALITY OF RECORDS

SEC. 333.[1] (a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b)(1) The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (G).

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

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[1] Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 523.

(A) to medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

(f) Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

(g) Except as provided in subsection (h) of this section, the Secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(h) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under subsection (g) of this section to records maintaining in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from alcohol abuse or alcoholism. In prescribing and implementing regulations pursuant to this subsection, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the

regulations, and the implementation thereof, which they each prescribe.

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TITLE V—RESEARCH

ENCOURAGEMENT OF RESEARCH

SEC. 501.[1] (a) The Secretary, acting through the Institute, shall carry out a program of research, investigations, experiments, demonstrations, and studies, directly and by grant or contract, into—

(1) the social behavoral, and biomedical etiology,
(2) prevention,
(3) treatment,
(4) mental and physical health consequences,
(5) social and economic consequences, and
(6) the impact on families,

of alcohol abuse and alcoholism.

(b) In carrying out the program described in subsection (a) of this section, the Secretary, acting through the Institute, is authorized to—

(1) collect and make available through publications and other appropriate means, information as to, and the practical application of, the research and other activities under the program;

(2) make available research facilities of the Public Health Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the National Advisory Council on Alcohol Abuse and Alcoholism; and such Council shall give special consideration to projects relating to the relationship between alcohol abuse and domestic violence, the effects of alcohol use during pregnancy, the relationship between the abuse of alcohol and other drugs, and the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages.

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by the National Institute on Drug Abuse and by other departments, agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from alcoholism or alcohol abuse or those of their families;

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[1] Section 501 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 510.

(6) conduct an intramural program of biomedical, behavioral, epidemiological, and social research, including research into the most effective means of treatment and service delivery, and including research involving human subjects, which is—

(A) located in an institution capable of providing all necessary medical care for such human subjects, including complete 24-hour medical diagnosis services by or under the supervision of physicians, acute and intensive medical care, including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from alcoholism and alcohol abuse; and

(B) associated with an accredited medical or research training institution;

(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons otherwise eligible for such treatment;

(8) provide to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical and other scientific research methods to experiments, studies, and surveys in health and medical fields;

(9) enter into contracts under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5); and

(10) adopt, upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

[SCIENTIFIC PEER REVIEW

[SEC. 502. The Secretary, acting through the Institute, shall, by regulation, provide for review of all research grants and contracts, training, treatment, and prevention activity grants, and programs over which he has authority under this Act by utilizing, to the maximum extent possible, appropriate peer review groups, composed principally of non-Federal scientists and other experts in the field of alcoholism.]

NATIONAL ALCOHOL RESEARCH CENTER

SEC. 503.[1] (a) The Secretary acting through the Institute may designate National Alcohol Research Centers for the purpose of interdisciplinary research relating to alcoholism and other biomedical, behavioral, and social issues related to alcoholism and alcohol abuse. No entity may be designated as a Center unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

[1] Section 503 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 511.

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on alcoholism and other alcohol problems and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application.

(C) the applicant has facilities and personnel to provide training in the prevention and treatment of alcoholism and other alcohol problems;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on alcoholism and other alcohol problems;

(E) the applicant has the capacity to conduct courses on alcohol problems and research on alcohol problems for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to alcoholism and other alcohol problems.

Insofar as practical, the Secretary shall approve applications under this subsection in a manner which results in an equitable geographic distribution of Centers.

(b) The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No annual grant to any Center may exceed $1,500,000. No funds provided under a grant under this subsection may be used for the purchase or rental of any land or the rental, purchase construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 702(2) of the Public Health Service Act (42 U.S.C. 292a). The Secretary shall include in the grants made under this section for fiscal year beginning after September 30, 1981, a grant to a designated Center for research on the effects of alcohol on the elderly.

(c) There are authorized to be appropriated to carry out the purposes of this section $6,000,000 for the fiscal year ending September 30, 1977, and for the next two succeding fiscal years, $8,000,000 for the fiscal year ending September 30, 1980, and $9,000,000 for the fiscal year ending September 30, 1981.

AUTHORIZATION OF APPROPRIATIONS

SEC. 504.[1] (a) There are authorized to be appropriated for carrying out this title $20,000,000 for the fiscal year ending September 30, 1977, $24,000,000 for the fiscal year ending September 30, 1978, $28,000,000 for fiscal year ending September 30, 1979, $28,000,000 for the fiscal year ending September 30, 1980, $28,000,000 for the fiscal year ending September 30, 1981, $25,000,000 for the fiscal year ending September 30, 1982. Of the funds appropriated under this section for any fiscal year beginning after September 30, 1981, not more than 35 per centum may be obligated for grants under section 503.

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DRUG ABUSE PREVENTION, TREATMENT, AND REHABILITATION ACT

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TITLE II—OFFICE OF DRUG ABUSE POLICY

Sec.
201. Concentration of Federal effort.
202. Designated drug representative.
203. Officers and employees.
204. Acceptance of uncompensated services.
205. Notice relating to the control of dangerous drugs.
206. Statutory authority unaffected.
[207. Annual report.]

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[§ 207. Annual report.

The President shall submit to the Congress prior to March 1 of each year, a written report on the activities conducted under this title. The report shall specify the objectives, nature, and results of such activities, and shall contain an accounting of funds expended under this title.]

TITLE III—NATIONAL DRUG ABUSE STRATEGY

Sec.
301. Development of strategy required.
302. Strategy Council.
303. Content of strategy.
304. Preparation of strategy.
305. [Review and revision.] *Report.*

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§ 305. [Review and revision.] *Report.*

[The strategy shall be reviewed, revised as necessary, and promulgated as revised prior to June 1 of each year.]

The President shall submit to the Congress, on or before August 1, 1984, and every two years thereafter, a written report describing the strategy. The report shall specify the objectives, nature, and results

[1] Section 504 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 is transferred to title V of the Public Health Service Act and redesignated as section 512.

of the strategy and shall contain an accounting of funds expended under title II.

TITLE IV—OTHER FEDERAL PROGRAMS

Sec.
401. Community mental health centers.
402. Public Health Service facilities.
403. State plan requirements.
404. Drug abuse prevention function appropriations.
[405. Special reports by the Secretary of Health and Human Services.]
406. Additional drug abuse prevention functions of the Secretary of Health and Human Services.
407. Admission of drug abusers to private and public hospitals.
408. Confidentiality of patient records.
409. Repealed.
410. Grants and contracts for the demonstration of new and more effective preventive, treatment, and rehabilitation programs.
411. Records and audit.
412. National Drug Abuse Training Center.
413. Drug abuse among government and other employees.
414. Contract authority.

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[§ 405. Special reports by the Secretary of Health and Human Services.

[(a) The Secretary of Health and Human Services (hereinafter in this title referred to as the "Secretary") shall develop and submit to the Congress and the Director within ninety days after the date of enactment of this Act, a written plan for the administration and coordination of all drug abuse prevention functions within the Department of Health and Human Services. Such report shall list each program conducted and each service provided in carrying out such functions, described how such programs and services are to be coordinated, and describe the steps taken or to be taken to insure that such programs and services will be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines. The plan shall be consistent with the policies, priorities, and objectives established by the Director under section 221 of this Act.

[(b) The Secretary shall transmit a report to the President and the Congress with respect to each fiscal year on—

[(1) the health consequences and extent of drug abuse in the United States,

[(2) a description and evaluation of the effectiveness of the drug abuse prevention functions carried out through any entity of the Department of Health and Human Services in the fiscal year for which the report is made.

[(3) a description of the manner in which such functions were carried out, a description of the amount of funds expended in carrying out such functions, and a description and evaluation of the coordination with the Department of Health and Human Services in carrying out such functions.

[(4) a description and evaluation of the effectiveness of experimental methods and programs implemented in carrying out such functions, recommendations for implementation of

such methods and programs by others in carrying out their drug abuse prevention functions, and a description and evaluation of the effectiveness of the means used to disseminate information respecting such methods and programs, and

[(5) proposals for changes in the drug abuse prevention functions carried out through the Deartment of Health and Human Services (including recommendations for legislation).

[The report required by this subsection shall be transmitted not later than January 15 of each year.]

§ 406. Additional drug abuse prevention functions of the Secretary of Health and Human Services.

(a) [1] The Secretary shall

(1) operate an information center for the collection, preparation, and dissemination of all information relating to drug abuse prevention functions, including information concerning State and local drug abuse treatment plans, and the availability of treatment resources, training and educational programs, statistics, research, and other pertinent data and information;

(2) investigate and publish information concerning uniform methodology and technology for determining the extent and kind of drug use by individuals and effects which individuals are likely to experience from such use; and

(3) gather and publish statistics pertaining to drug abuse and promulgate regulations specifying uniform statistics to be furnished, records to be maintained, and reports to be submitted, on a voluntary basis by public and private entities and individuals respecting drug abuse.

(b) After December 31, 1974, the Secretary shall carry out his functions under subsection (a) through the National Institute on Drug Abuse.

§ 407.[2] Admission of drug abusers to private and public hospitals.

(a) Drug abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their drug abuse or drug dependence, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b)(1) The Secretary is authorized to make regulations for the enforcement of the policy of subsection (a) with respect to the admission and treatment of drug abusers in hospitals which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital subject to such regulations has violated subsection (a) and such violation continues after

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[1] Subsection (a) of section 406 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act is transferred to section 503 of the Public Health Service Act and redesignated as subsection (e).

[2] Section 407 of the Drug Abuse Prevention. Treatment, and Rehabilitation Act is transferred to title V of the Public Health Service Act and redesignated as section 526.

an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital.

(2) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) of this subsection to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from drug abuse or drug dependence. In prescribing and implementing regulations pursuant to this paragraph, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

§ 408.[1] Confidentiality of patient records.

(a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b)(1) The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to

[1] Section 408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act is transferred to title V of the Public Health Service Act and redesignated as section 527.

the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of any or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective whether or when he ceases to be a patient.

(e) The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

(f) Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

(g) Except as provided in subsection (h) of this section, the Secretary of Health and Human Services, after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(h) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations established by the Secretary under subsection (g) of this section to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from drug abuse. In prescribing and implementing regulations pursuant to this subsection, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implemention thereof, which they each prescribe.

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§ 410. Grants and contracts for the demonstration of new and more effective prevention, treatment, and rehabilitation programs.

(a) The Secretary acting through the National Institute on Drug Abuse, may make grants to and enter into contracts with individuals and public and private nonprofit entities—

(1) to provide training seminars, educational programs, and technical assistance for the development, demonstration, and evaluation of drug abuse prevention, treatment, and rehabilitation programs; and

(2) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects and on identifying new and more effective drug abuse prevention, treatment, and rehabilitation programs.

In the implementation of his authority under this section, the Secretary shall accord a high priority to applications for grants or contracts for primary prevention programs. For purposes of the preceding sentence, primary prevention programs include programs designed to discourage persons from beginning drug abuse. To the extent that appropriations authorized under this section are used to fund treatment services, the Secretary shall not limit such funding to treatment for opiate abuse, but shall also provide support for treatment for nonopiate drug abuse including polydrug abuse. Furthermore, nothing shall prevent the use of funds provided under this section for programs and projects aimed at the prevention, treatment, and rehabilitation of alcohol abuse and alcoholism as well as drug abuse.

(b) There are authorized to be appropriated $25,000,000 for the fiscal year ending June 30, 1972; $65,000,000 for the fiscal year ending June 30, 1973; $100,000,000 for the fiscal year ending June 30, 1974; $160,000,000 for each of the fiscal years ending June 30, 1975 and June 30, 1976; $40,000,000 for the period July 1, 1976, through September 30, 1976; and $160,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978, to carry out this section. For the fiscal year ending September 30, 1979, there is authorized to be appropriated (1) $153,000,000 for grants and contracts under paragraphs (3) and (6) of subsection (a) for drug abuse treatment programs, and (2) $24,000,000 for grants and contracts under such subsection for other programs and activites. For grants and contracts under paragraphs (3) and (6) of subsection (a) for drug abuse treatment programs there is authorized to be appropriated $149,000,000 for the fiscal year ending September 30, 1980, and $155,000,000 for the fiscal year ending September 30, 1981; and for grants and contracts under such subsection for other programs and activities there is authorized to be appropriated $20,000,000 for the fiscal year ending September 30, 1980, and $30,000,000 for the fiscal year ending September 30, 1981. Of the funds appropriated under the preceding sentence for the fiscal year ending September 30, 1980, at least 7 percent of the funds shall be obligated for grants and contracts for primary prevention and intervention programs designed to discourage individuals, particularly those in high risk populations, from abusing drugs; and of the funds appropriated under the preceding sentence for the next fiscal year, at least 10 percent of the funds shall be obligated for such grants and contracts. For carrying out the purposes of this section, there are authorized to be appropriated $15,000,000 for the fiscal year ending September 30, 1982. Of the funds appropriated under the preceeding sentence, at least 25 per centum of the funds shall be obligated for grants and contracts for primary prevention and

intervention programs designed to discourage individuals, particularly individuals in high risk populations, from abusing drugs.

(c) (1) In carrying out this section, the Secretary shall require coordination of all applications for programs in a State and shall not give precedence to public agencies over private agencies, institution, and organizations, or to State agencies over local agencies.

(2) Each applicant within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency (if any) responsible for the administration of drug abuse prevention activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to any State comprehensive plan for treatment and prevention of drug abuse. The State shall furnish the applicant a copy of any such evaluations. A State if it so desires may, in writing, waive its rights under this paragraph.

(3) Approval of any application for a grant or contract under this section by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria that

(A) provide that the activities and services for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

(B) provide for such methods of administration as were necessary for the proper and efficient operation of such programs or projects; and

(C) provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant.

(4) Each applicant within a State, upon filing its application with the Secretary for a grant or contract to provide treatment or rehabilitation services shall provide a proposed performance standard or standards, to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation program or project.

(d) The Secretary shall encourage the submission of and give special consideration to applications under this section to programs and projects aimed at underserved populations such as racial and ethnic minorities, [native Americans,] *Native Americans (including Native Hawaiians and Native American Pacific Islanders),* youth, the elderly, women, handicapped individuals, and families of drug abusers.

(e) Payment under grants or contracts under this section may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

(f) Projects and programs for which grants and contracts are made or entered into under this section shall, in the case of prevention and treatment services, seek to (1) be responsive to special requirements of handicapped individuals in receiving such services; (2) whenever possible, be community based, insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active

participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; (3) where a substantial number of individuals in the population served by the project or program are of limited English-speaking ability (A) utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (B) identify an individual who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences; and (4) where appropriate, utilize existing community resources (including community mental health centers).

(g)(1) No grant may be made under this section to a State or to any entity within the government of a State unless the grant application has been duly authorized by the chief executive officer of such State.

(2) No grant or contract may be made under this section for a period in excess of five years.

(3)(A) The amount of any grant or contract under this section may not exceed 100 per centum of the cost of carrying out the grant or contract in the first fiscal year for which the grant or contract is made under this section. 80 per centum of such cost in the second fiscal year for which the grant or contract is made under this section, 70 per centum of such cost in the third fiscal year for which the grant or contract is made under this section, and 60 per centum of such cost in each of the fourth and fifth fiscal years for which the grant or contract is made under this section.

(B) For purposes of this paragraph, no grant or contract shall be considered to have been made under this section for a fiscal year ending before September 30, 1981.

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§ 413.[1] Drug abuse among government and other employees.

(a) The Office of Personnel Management shall be responsible for developing and maintaining, in cooperation with the President, with the Secretary (acting through the National Institute on Drug Abuse), and with other Federal agencies and departments and in accordance with the provisions of subpart F of part III of title 5, United States Code, appropriate prevention, treatment, and rehabilitation programs and services for drug abuse among Federal civilian employees. Such agencies and departments are encouraged to extend, to the extent feasible, these programs and services to the families of employees and to employees who have family members who are drug abusers. Such policies and services shall make optimal use of existing governmental facilities, services, and skills.

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[1] Section 413 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act is transferred to title V of the Public Health Service Act and redesignated as section 525.

(b)(1) The Secretary, acting through the National Institute on Drug Abuse, shall be responsible for fostering and encouraging similar drug abuse prevention, treatment, and rehabilitation programs and services in State and local governments and in private industry.

(2)(A) Consistent with such responsibility, the Secretary, acting through the National Institute on Drug Abuse, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

(B) The Secretary, acting through the Institute, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of drug abuse prevention activities and, shall to the extent feasible, provide technical assistance to such agencies as requested.

(3) Model programs developed under paragraph (2) shall, in the case of business concerns and governmental entities which employ individuals represented by labor organizations, be designed for implementation through cooperative agreements between the concerns and entities and the organizations.

(4) To the extent feasible, model programs developed under paragraph (2) shall be capable of coordination with model programs developed pursuant to section 201(b) of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

(c)(1) No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the ground of prior drug abuse.

(2) This subsection shall not apply to employment (A) in the Central Intelligence Agency, the Federal Bureau of Investigation, the National Security Agency, or any other department or agency of the Federal Government designated for purposes of national security by the President, or (B) in any position in any department or agency of the Federal Government, not referred to in clause (A), which position is determined pursuant to regulations prescribed by the head of such department or agency to be a sensitive position.

(d) This section shall not be construed to prohibit the dismissal from employment of a Federal Civilian employee who cannot properly function in his employment.

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TITLE V—NATIONAL INSTITUTE ON DRUG ABUSE; NATIONAL ADVISORY COUNCIL ON DRUG ABUSE

Sec.
501. Establishment of Institute.
502. Technical assistance to State and local agencies.
503. Encouragement of research.
[504. Review of programs and activities.]

§ 501.[1] Establishment of Institute.

(a) There is established the National Institute on Drug Abuse (hereinafter in this title referred to as the "Institute") to administer the programs and authorities of the Secretary of Health and Human Services (hereinafter in this title referred to as the "Secretary") with respect to drug abuse prevention functions. The Secretary, acting through the Institute, shall, in carrying out the purposes of sections 301, 302, and 303 of the Public Health Service Act with respect to drug abuse, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of drug abuse and for the rehabilitation of drug abusers. The Secretary shall carry out through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(b)(1) The Institute shall be under the direction of a Director (hereinafter in this title referred to as the "Director") who shall be appointed by the Secretary.

(2) The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs and authorities to be carried out through the Institute.

(c) The programs of the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

(d)(1) The Director shall make special effort to develop and coordinate prevention, treatment, research, and administrative policies and programs which focus on the needs of underserved populations.

(2) The Secretary shall include in the annual report to the President and the Congress required by section 405(b) a description of the actions taken by the Director under paragraph (1).

§ 502.[2] Technical assistance to State and local agencies.

(a) The Director shall—

(1) coordinate or assure coordination of Federal drug abuse prevention functions with corresponding functions of State and local governments; and

(2) provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.

(b) In carrying out his functions under this section, the Director may—

(1) provide technical assistance—including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of

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[1] Section 501 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act is transferred to title V of the Public Health Service Act and redesignated as section 503.

[2] Section 502 of the Drug Abuse Prevention, Treatment and Rehabilitation Act is transferred to title V of the Public Health Service Act and redesignated as section 524.

public officials or other persons assigned to work with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;

(2) convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate, to promote the purposes of this Act, and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences; and

(3) draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities, and provide for uniform forms for, procedures for the submission of, and criteria for the consideration of applications of State and local governments and individuals for grants and contracts for drug abuse prevention, control, and treatment programs.

(c) In implementation of his authority under subsection (b)(1), the Director may—

(1) take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during any one fiscal year for more than an aggregate of ninety days without the express approval of the head of the Federal department or agency with respect to which he was so employed prior to such assignment:

(2) assign any person employed by the Institute to serve as a member of any such task force or to coordinate management of such task forces; and

(3) enter into contracts or other agreements with any person or organization to serve on or work with such task forces.

(d) On the request of any State, the Secretary shall, to the extent feasible, make available technical assistance for the purposes of developing and improving systems for data collection; program management, accountability, and evaluation; certification, accreditation, or licensure of treatment facilities and personnel; monitoring compliance with the requirements of section 407 by hospitals and other facilities; and eliminating exclusions in health insurance coverage offered in the State which are based on drug abuse or drug dependence. Insofar as practicable, such technical assistance shall be provided in such a manner as to improve coordination between activities funded under this Act and under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

§ 503.[1] Encouragement of research

(a) The Director shall encourage and promote (by grants, contracts, or otherwise) expanded research programs, investigations, experiments, demonstrations, and studies, into—

[1] Section 503 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act is transferred to title V of the Public Health Service Act and redesignated as section 515.

(1) the creation, development, and testing of synthetic analgesics, antitussives, and other drugs which are—

(A) nonaddictive, or

(B) less addictive than opium or its derivatives, to replace opium and its derivatives in medical use;

(2) the creation, development, and testing of long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction;

(3) the creation, development, and testing of detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction;

(4) the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse and drug dependence; and

(5) drug abuse prevention, treatment, and rehabilitation.

In carrying out this subsection the Director is authorized to establish, or provide for the establishment of, clinical research facilities.

(b) The Director may—

(1) make grants or enter into contracts with individuals and public and nonprofit entities for the purpose of determining the causes of drug abuse in a particular area, and

(2) make grants to and enter into contracts with individuals and public and private nonprofit entities for research respecting improved drug maintenance and detoxification techniques and programs.

(c) For the purposes of subsections (a) and (b), there are authorized to be appropriated $45,000,000 for the fiscal year ending September 30, 1982.

[§ 504. Review of programs and activities.

[The Secretary, acting through the Institute, shall, by regulation, provide for review of all grants made, and contracts entered into, for research, training, treatment, prevention, and other programs and activities authorized under this Act by utilizing, to the maximum extent possible, appropriate peer review groups, composed principally of non-Federal scientists and other experts in the field of drug abuse.]

MEDICAL FACILITIES CONSTRUCTION AND MODERNIZATION AMENDMENTS OF 1970

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[TITLE V—MARIHUANA

[CONGRESSIONAL FINDINGS

[SEC. 501. The Congress finds that the use of marihuana is increasing in the United States, especially among the young people thereof, and that there is need for a better understanding of the health consequencies of using marihuana. The Congress further finds that, notwithstanding the various studies carried out, and research engaged in, with respect to the use of marihuana, there is a

lack of an authoritative source for obtaining information involving the health consequences of using marihuana.

[HEALTH-RESEARCH REPORTS

[SEC. 502. The Secretary of Health, Education, and Welfare, after consultation with the Surgeon General and other appropriate individuals, shall transmit a report to the Congress on or before January 31, 1971, and biennially thereafter (1) containing current information on the health consequences of using marihuana, and (2) containing such recommendations for legislative and administrative action as he may deem appropriate. A preliminary report shall be transmitted to the Congress by the Secretary concerning current information on the health consequences of using marihuana not later than ninety (90) days after the date of enactment of this title.

[SHORT TITLE

[SEC. 503. This title may be cited as the "Marihuana and Health Reporting Act".]

COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT AMENDMENTS OF 1979

§§ 1-17. * * *

§ 18. (a)(1) There is established a Commission to be known as the National Commission on Alcoholism and Other Alcohol-Related Problems (hereinafter in this section referred to as the "Commission"). The Commission shall be composed of—

(A) four Members of the Senate appointed by the President of the Senate upon the recommendation of the majority and minority leaders:

(B) four Members of the House of Representatives appointed by the Speaker of the House of Representatives upon the recommendation of the majority and minority leaders;

(C) nine public members appointed by the President; and

(D) not more than four nonvoting members appointed by the President from individuals employed in the administration of programs of the Federal Government which affect the prevention and treatment of alcoholism and the rehabilitation of alcoholics and alcohol abusers.

At no time shall more than two members appointed under subparagraph (A), more than two of the members appointed under subparagraph (B), or more than five of the members appointed under subparagraph (C) be members of the same political party.

(2)(A) The President shall designate one of the members of the Commission as Chairman, and one as Vice Chairman. Nine members of the Commission shall constitute a quorum, but a lesser number may conduct hearings. Members appointed under paragraph (1)(D) shall not be considered in determining a quorum of the Commission.

(B) Members of the Commission shall serve without compensation, but shall be reimbursed for travel, subsistence, and other nec-

essary expenses incurred in the performance of the duties vested in the Commission.

(C) The Commission shall meet at the call of the Chairman or at the call of the majority of the members thereof.

(3)(A) The Commission may appoint, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, an executive secretary to assist the Commission in carrying out its functions.

(B) The Secretary shall provide the Commission with such additional professional and clerical staff, such information, and the services of such consultants as the Secretary determines necessary for the Commission to carry out effectively its functions.

(C) The Commission may secure directly from any department or agency of the United States information necessary to enable it to carry out its duties under this section. Upward request of the Chairman of the Commission, the head of such department or agency shall furnish such information to the Commission consistent with applicable laws and regulations with respect to the privacy of medical records.

(b) The Commission shall conduct a study of alcoholism and alcohol-related problems and shall include in the study—

(1) an assessment of unmet treatment and rehabilitation needs of alcoholics and their families;

(2) an assessment of personnel needs in the fields of research, treatment, rehabilitation, and prevention;

(3) an assessment of the integration and financing of alcoholism treatment and rehabilitation into health and social health care services within communities;

(4) a study of the relationship of alcohol use to aggressive behavior and crime;

(5) a study of the relationship of alcohol use to family violence;

(6) a study of the relationship of alcoholism to illnesses, particularly those illnesses with a high stress component, among family members of alcoholics;

(7) an evaluation of the effectiveness of prevention programs, including the relevance of alcohol control laws and regulations to alcoholism and alcohol-related problems;

(8) a survey of the unmet research needs in the area of alcoholism and alcohol-related problems;

(9) a survey of the prevalence of occupational alcoholism and alcohol abuse programs offered by Federal contractors; and

(10) an evaluation of the needs of special and underserved population groups, including American Indians, Alaskan Natives, *Native Hawaiians, Native American Pacific Islanders,* youth, the elderly, women, and the handicapped and assess the adequacy of existing services to fulfill such needs.

(c) The Commission shall submit to the President and the Congress such interim reports as it deems advisable and shall within two years after the date on which funds first become available to carry out this section submit to the President and the Congress a final report which shall contain a detailed statement of its findings and conclusions and also such recommendations for legislation and administrative actions as it deems appropriate. The Commission

shall cease to exist sixty days after the final report is submitted under this subsection.

(d) The Secretary of Health, Education, and Welfare shall be responsible for the coordination of the activities of the Commission.

(e) There are authorized to be appropriated for the purposes of this section $1,000,000 to remain available until the expiration of the Commission.

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